

Name  
in  
Full

Louis A. Adler

## CERTIFICATE OF DEATH

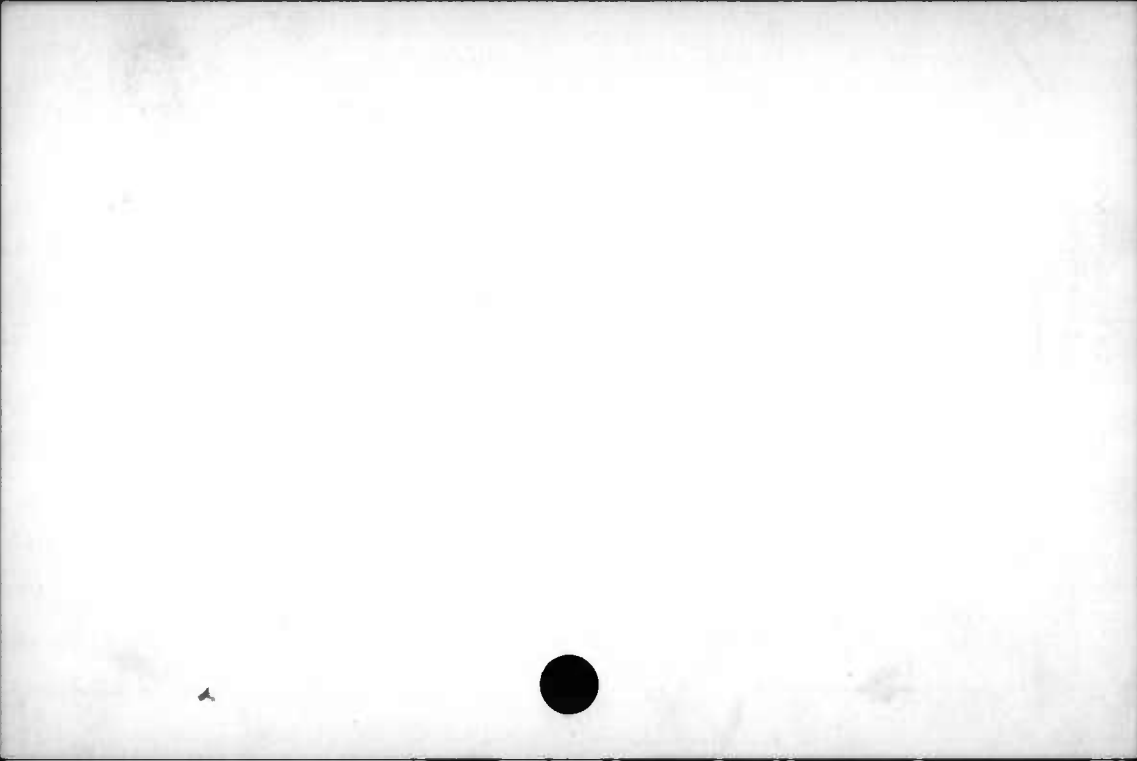
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>MT. HOPE Retreat</i>		Town <i>Baltimore Co</i>		County		MARYLAND	
Date of death	<i>1903</i>	Month	<i>Dec</i>	Day	<i>23rd</i>	Years	<i>Age 30</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		Months	
Occupation <i>Merchant</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name		<i>68</i>		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information <i>Reeds Mt Hope</i>		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Terminal Dementia -</i>	How long	
Immediate	<i>Ex &amp; Shock -</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Hamner</i>	
		Address <i>MT Hope Retreat</i>	
		<i>Baltimore Md</i>	
Accident or Suicide? <i>_____</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Beckleysville</i> <sup>Town</sup>		<i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec.</i>	Day <i>26<sup>th</sup></i>	Age <i>23</i>	Months <i>10</i>	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Oklo</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband <i>W.</i>					
Father's Name <i>Joseph F. Alban</i>			Father's Birthplace <i>Hoffmanville</i>		
Mother's Maiden Name <i>Julia Anne Gardner</i>			Mother's Birthplace <i>Reisterstown</i>		
Name of person giving information <i>Harry F. Alban</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Injury to brain by fall</i>	How long
Immediate <i>Hemorrhage of brain</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John B. Norris M.D.</i>
	Address <i>Beckleysville Md.</i>
Accident or Suicide? <i>Accident</i>	



Name in Full		Margaret Albers				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Baltimore		County Baltimore		MARYLAND
	Date of death 190		3	Month 12	Day 9	Age 83	Years 3
	Sex Female		Color or Race White		Birth- place Germany		
	Married, Single or Widowed		Widow		Occupation None		
	Name of Wife or Husband		Donk Knowl				
	Father's Name		Donk Knowl		Father's Birthplace Germany		
	Mother's Maiden Name		Donk Knowl		Mother's Birthplace in		
Name of person giving in formation		Frederick Albers		How related to deceased Brother in law			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Old age			How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician John H. Mueller		
	Accident or Suicide?				Address 216 O'Donnell St		

Burial Permit  
Trinity Cemetery  
H. P. Parker & Son

Name  
in  
Full

John Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pikesville</i> Town			<i>Baltimore</i> County			MARYLAND		
Date of death 1903		Month <i>12</i>	Day <i>18</i>	Age	Years <i>25</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>Phila, Pa.</i>		
Married, Single or Widowed <i>Married</i>				Occupation <i>Gardner</i>				
Name of Wife or Husband <i>Bertha Allen</i>								
Father's Name <i>Thos. Allen</i>						Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Hannah R. Gibson</i>						Mother's Birthplace <i>Pa.</i>		
Name of person giving information <i>Thos. Allen</i>						How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary &amp; Laryngeal Tuberc.</i>	How long	<i>about 1 yr.</i>
Immediate	<i>Exhaustion</i>	How long	<i>it 10 da.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Henry A. Naylor</i>	
<i>yes.</i>		Address <i>Pikesville</i>	
Accident or Suicide?		<i>Mo.</i>	

Bury at  
Druid Ridge

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Name in Full		Franklin Thomas Ahmory				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Died at		Corsuch Mills		Baltimore			
Date of death 1903		Month	Day	Age	Years	Months	Days
		Dec.	21	4	9	4	16
Sex		Male		Color or Race		White	
				Birth-place		Baltimore Co	
Married, Single or Widowed		Married		Occupation		Farming	
Name of Wife or Husband		Dana Victoria Slade					
Father's Name		Darry Dummie Ahmory				Father's Birthplace	
						Balto Co.	
Mother's Maiden Name		Eliza Bell				Mother's Birthplace	
						Balto Co	
Name of person giving information		J. Victoria Ahmory				How related to deceased	
						Wife	
<div>CAUSES OF DEATH</div>							
Primary		Pulmonary Tuberculosis				How long	
						Three years	
Immediate		..				How long	
						Three years	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Eugene M. Free M.D.	
				Address		Stewartstown Pa	
Accident or Suicide?							

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Thomas, T. Andrews.

CERTIFICATE OF DEATH

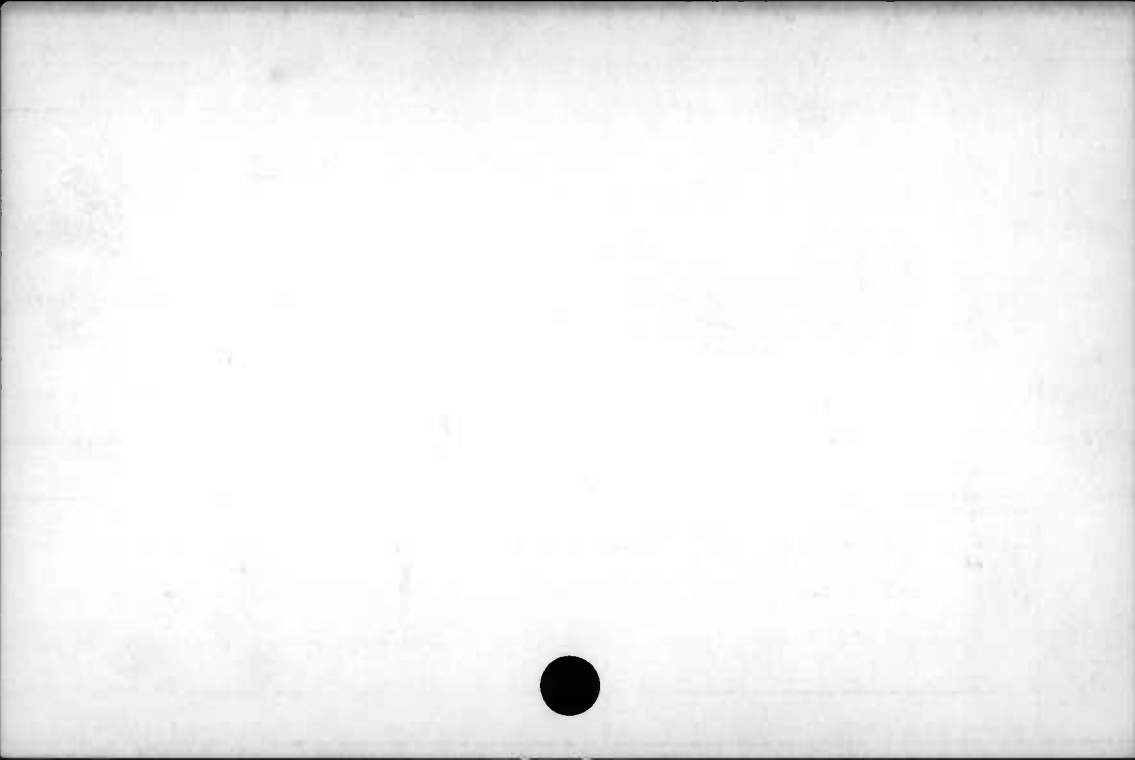
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mt Washington		County Baltimore		MARYLAND	
Date of death 190	3	Month Dec	24	Day	Age	Years 73	Months 00
Sex	male		Color or Race	white		Birth- place	Germany
Married, Single or Widowed	Married			Occupation			Labourer
Name of Wife or Husband Margaret Andrews.							
Father's Name Theodor Andrews.					Father's Birthplace Germany		
Mother's Maiden Name					Mother's Birthplace 11		
Name of person giving Information Thos D Brooks					How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Alcoholism	How long	
Immediate	distention Heart	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Morris Shanks M.D.	
Jas H Berner for Coroner.		Address 214 Washington	
Accident or Suicide?			



*Augustus Armacost*  
 Died at *4 A.M.* Town *Balts.* County *MARYLAND*

Date *1903* Month *Dec* Day *13* Age *63* Y. *3* M. *15* D. *md* Native of *Stone Mason* Occupation  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living *5*

Husband of *Elizabeth Armacost* Maria Armacost  
 Wife  
 Father's Name *Johes Armacost* 50 Mother's Name *about 4 years*

Cause of { Primary *Cold.* How long sick  
 Death { Immediate *Diabetes* Accident, Suicide, Homicide

Reported by *R.C. Wells M.D.*  
 Address *Hampstead, Md.*



Name

in  
Full

## CERTIFICATE OF DEATH

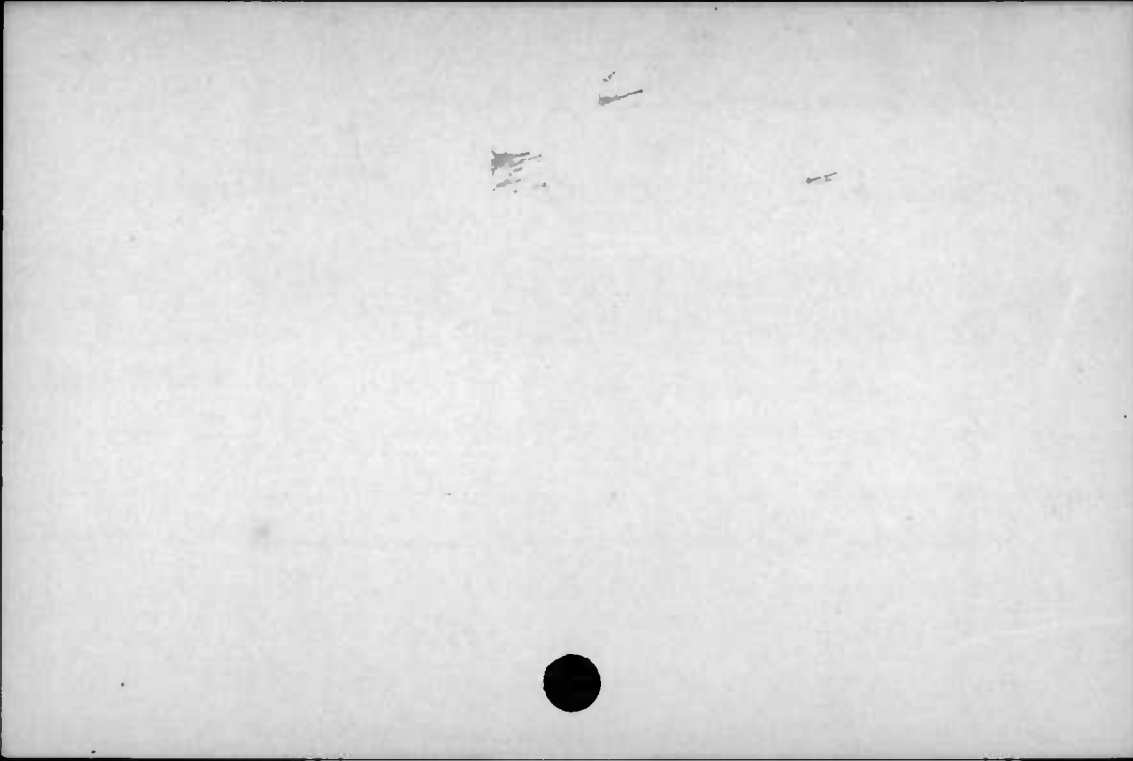
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		Dec 2	20	59			
Sex	Male		Color or Race	white		Birth-place	md
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband			
				Mary Bevan			
Father's Name	93					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Rudolph M. G. ...					How related to deceased	Son-in-law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	1 wk
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John W. Hanson md
		Address	middle River md
Accident or Suicide?	no		





Name  
in  
Full

Elizabeth

## CERTIFICATE OF DEATH

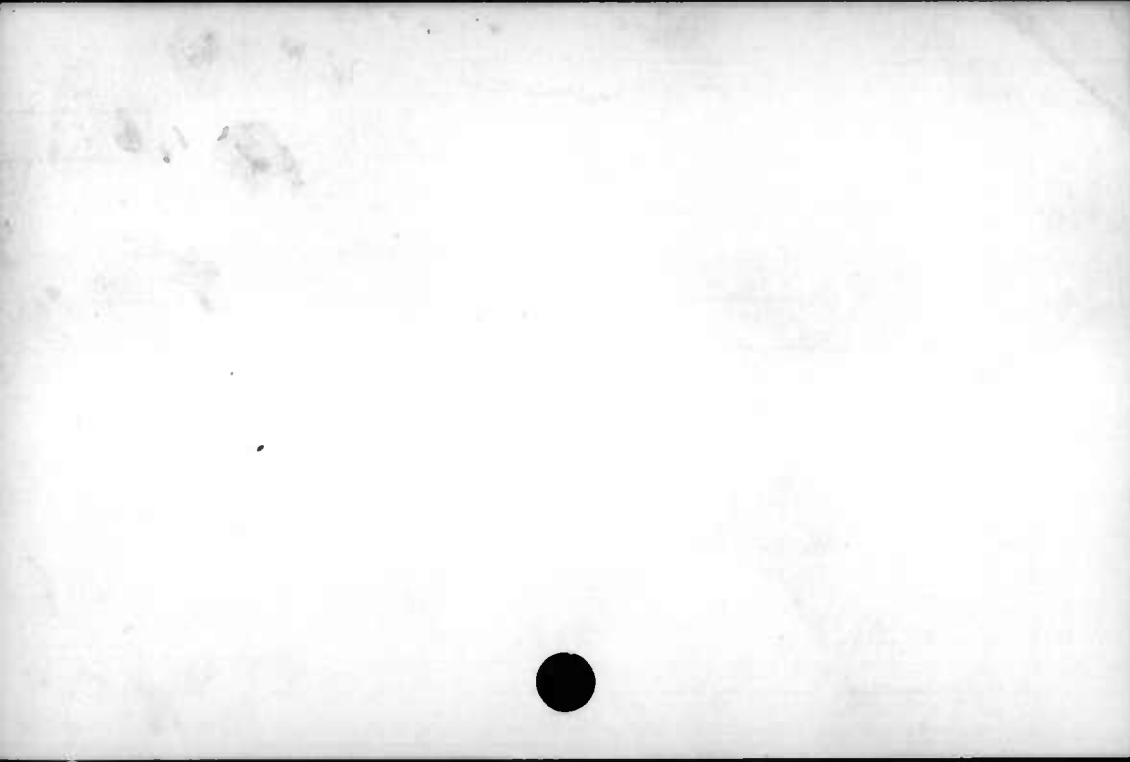
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>New Brunswick</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>14</i>	Age <i>5</i>	Years <i>5</i>	Months <i>8</i>	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i></i>				
Name of Wife or Husband <i></i>							
Father's Name <i>Albert Blakely</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Annie Eppie</i>				Mother's Birthplace <i>Baltimore</i>			
Name of person giving information <i>Father Albert Blakely</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngitis. Oedema of Lungs</i>	How long <i>Saw it two hours before death</i>
Immediate <i>Oedema Glottis</i>	How long <i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. C. Maunburg</i>
	Address <i>Pawson Md</i>
Accident or Suicide? <i>Neither</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <u>Brown, Charles W.</u>		Town <u>Calensville</u>		County <u>Balto</u>		MARYLAND	
Died at <u>Calensville</u>		Month <u>Dec</u>		Day <u>16</u>		Age <u>52</u>	
Date of death <u>1903</u>		Months		Days			
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>			
Occupation <u>Lawyer</u>		Where Residing if not at place of death <u>X</u>					
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>X</u>					
Father's Name <u>Thos J. Brown</u>		Father's Birthplace <u>Ind.</u>					
Mother's Maiden Name <u>Margaret Weberly</u>		Mother's Birthplace <u>Penn</u>					
Name of person giving Information <u>H. K. Brown, N. Arlington</u>		How related to deceased <u>Nephew</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>General Paresis</u>	How long <u>9 mos.</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. K. Brown</u>
<u>no</u>	Address <u>Calensville Ind.</u>
Accident or Suicide? <u>no</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Margaret Brown  
Int. Biltbo

Town

Baltimore

County

MARYLAND

Date

of death 1903

Month

Dec

Day

24

Age

Years

5-5-

Months

Days

Sex

Female

Color or  
Race

Caucasian

Birth-  
place

Maryland

Married, Single  
or Widowed

— —

Occupation

Housekeeper

Name of Wife or  
HusbandFather's  
NameMother's  
Maiden NameName of person giving  
informationFather's  
BirthplaceMother's  
BirthplaceHow related  
to deceased

## CAUSES OF DEATH

Primary

Carcinoma of Breast  
Exhaustion

How long

2 yrs

Immediate

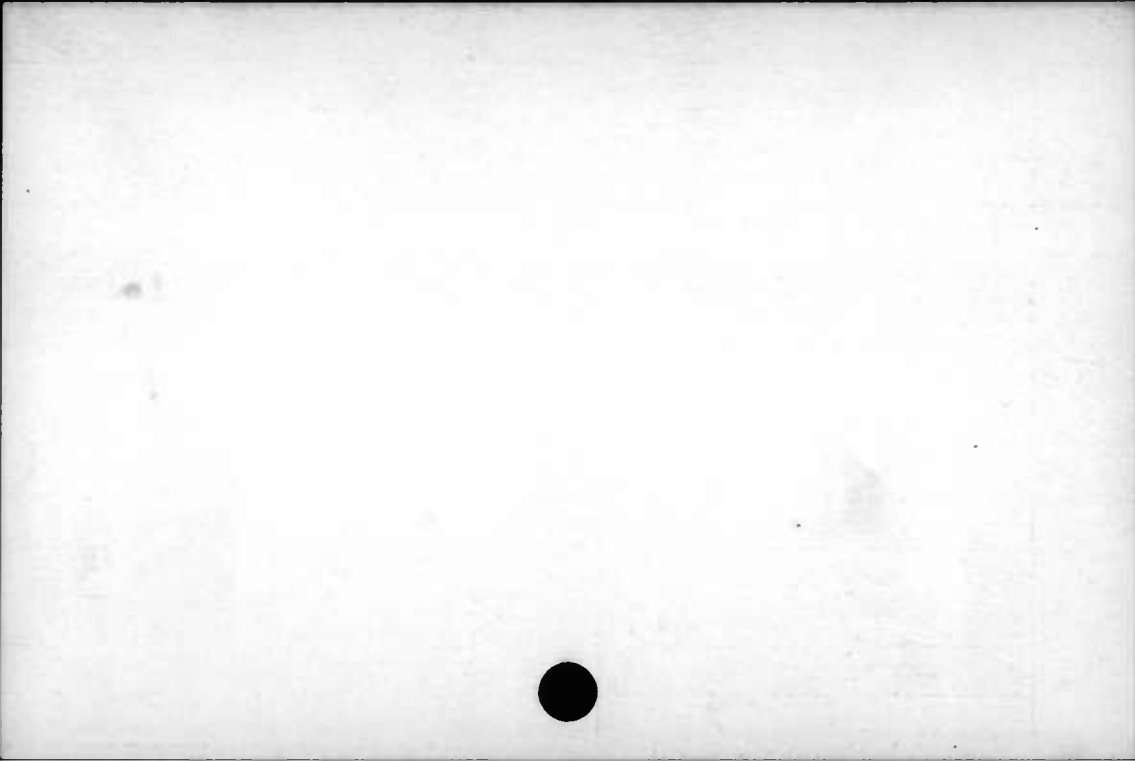
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Dr. S. M. Maupel  
Baltimore  
MdPHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Caroline Bryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cella		Town		Balt.		County		MARYLAND	
Date of death		1903		Dec.		15		Age		80	
Sex		Female		Color or Race		White		Birth-place		Md	
Occupation		Home duties		Where Residing if not at place of death							
Married, Single or Widowed		Widow		Name of Wife or Husband		James Bryan deceased					
Father's Name		Jacob. Myers.		90		Father's Birthplace		Md			
Mother's Maiden Name		Caroline Myers		90		Mother's Birthplace		Md			
Name of person giving information		Jennie N Bryan		How related to deceased		Daughter					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Pneumonia		How long		2 weeks	
Immediate		General Debility		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		J. M. B. Rogers Md	
				Address		St. Louis City. Md	
Accident or Suicide?							

Hilsinger  
Cella



Name  
in  
Full

## CERTIFICATE OF DEATH

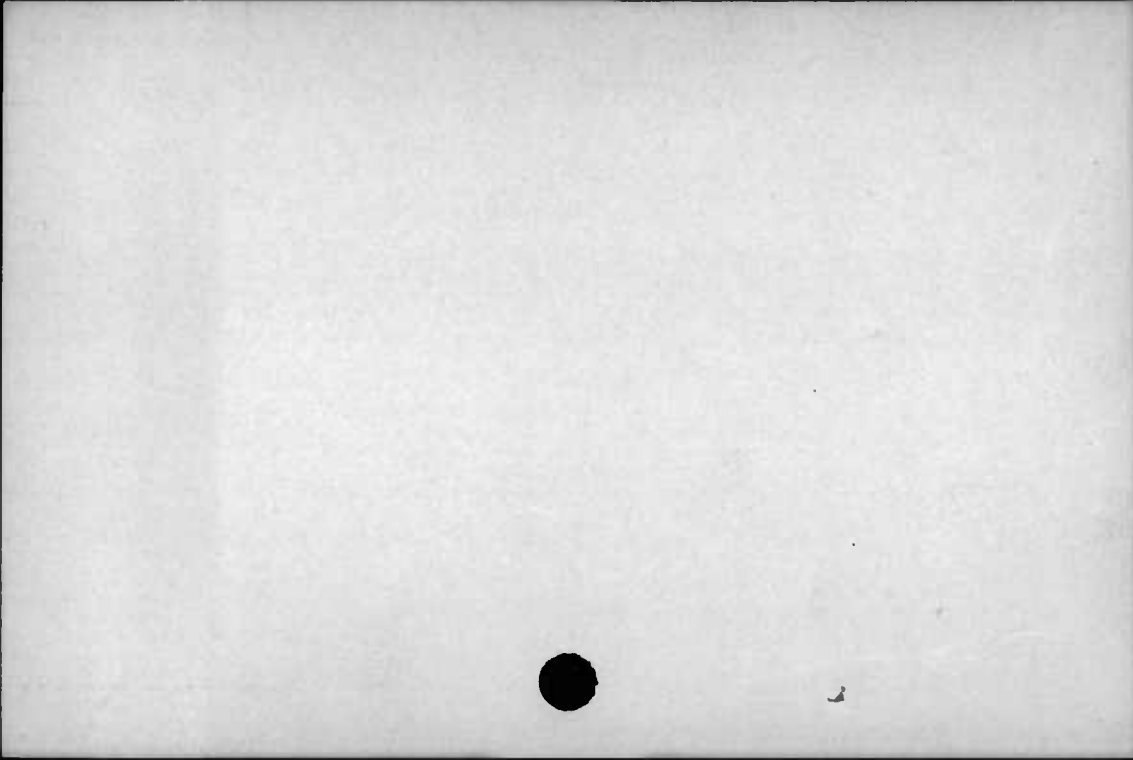
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chestnut Ridge</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <b>190</b>	Month <i>12</i>	Day <i>2</i>	Age <i>91</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balti-co</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Burnham</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Mary A. Burnham</i>			How related to deceased <i>niece</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>—</i>	How long <i>—</i>
Immediate <i>old Age</i>	How long <i>about 1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Edw E Burns</i>
	Address <i>Towson</i>
Accident or Suicide? <i>—</i>	<i>Undertaker</i>



Name  
in  
Full

Burns

## CERTIFICATE OF DEATH

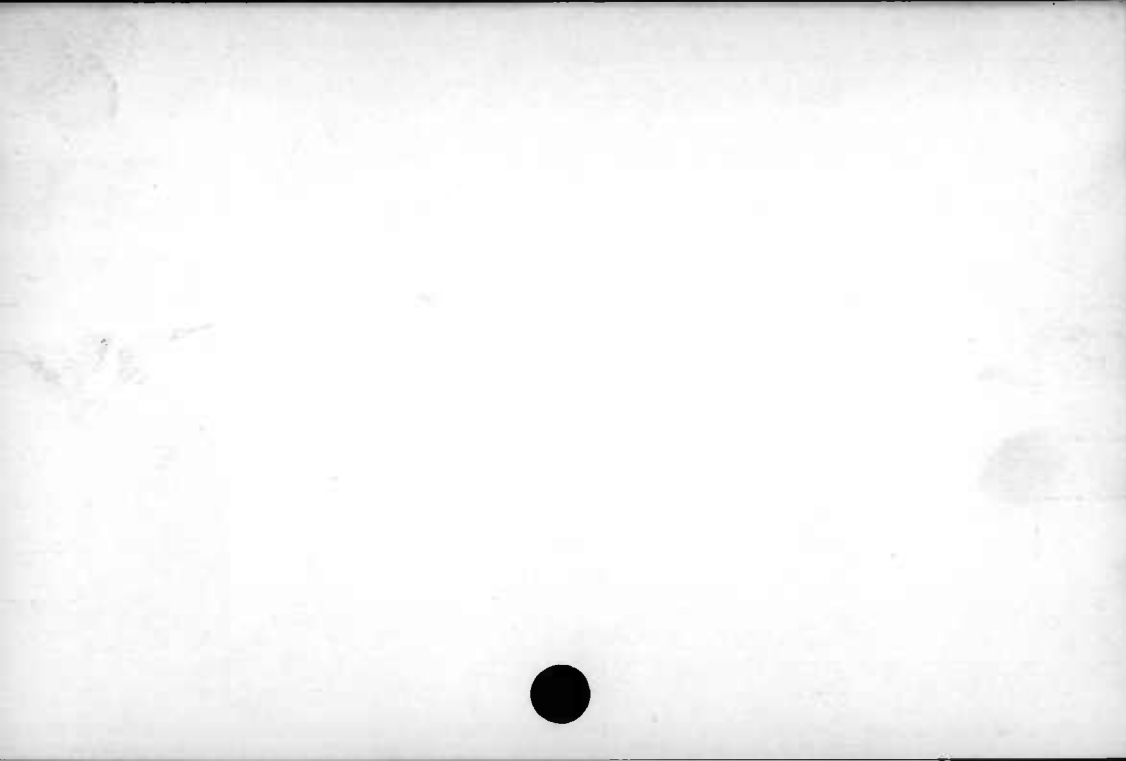
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>White Hall</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Nov.</u>	Day <u>14</u>	Age <u>7 Months</u>	Months <u>Hoctus</u>	Days
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>White Hall</u>	
Married, Single or Widowed <u>Single</u>			Occupation <u>                    </u>		
Name of Wife or Husband <u>                    </u>					
Father's Name <u>Clarence Burns</u>			Father's Birthplace <u>White Hall</u>		
Mother's Maiden Name <u>May Almy</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Clarence Burns</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia in Mother</u>	How long <u>Still Born</u>
Immediate <u>Premature Birth</u>	How long <u>                    </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>U. M. Stirling</u>
	Address <u>Shaver</u>
Accident or Suicide? <u>                    </u>	<u>med</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spinnis Point</i>		County <i>Bald</i>		MARYLAND	
Date of death 190	3	Month	<i>Dec.</i>	Day	19
Sex	<i>Male</i>	Color or Race	<i>White</i>	Years	
Married, Single or Widowed		Occupation		Months	
Name of Wife or Husband		Birth-place	<i>Spinnis Point</i>	Days	21
Father's Name	<i>Edmund Burke</i>	Father's Birthplace	<i>Pa</i>		
Mother's Maiden Name	<i>Leona Baldarin</i>	Mother's Birthplace	<i>Pa</i>		
Name of person giving information	<i>Edmund Burke</i>	How related to deceased	<i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. C. Edmund M.D.</i>
		Address	<i>Spinnis</i>
<i>Accident or Suicide?</i>			



Name  
in  
Full

Maria Carter

## CERTIFICATE OF DEATH

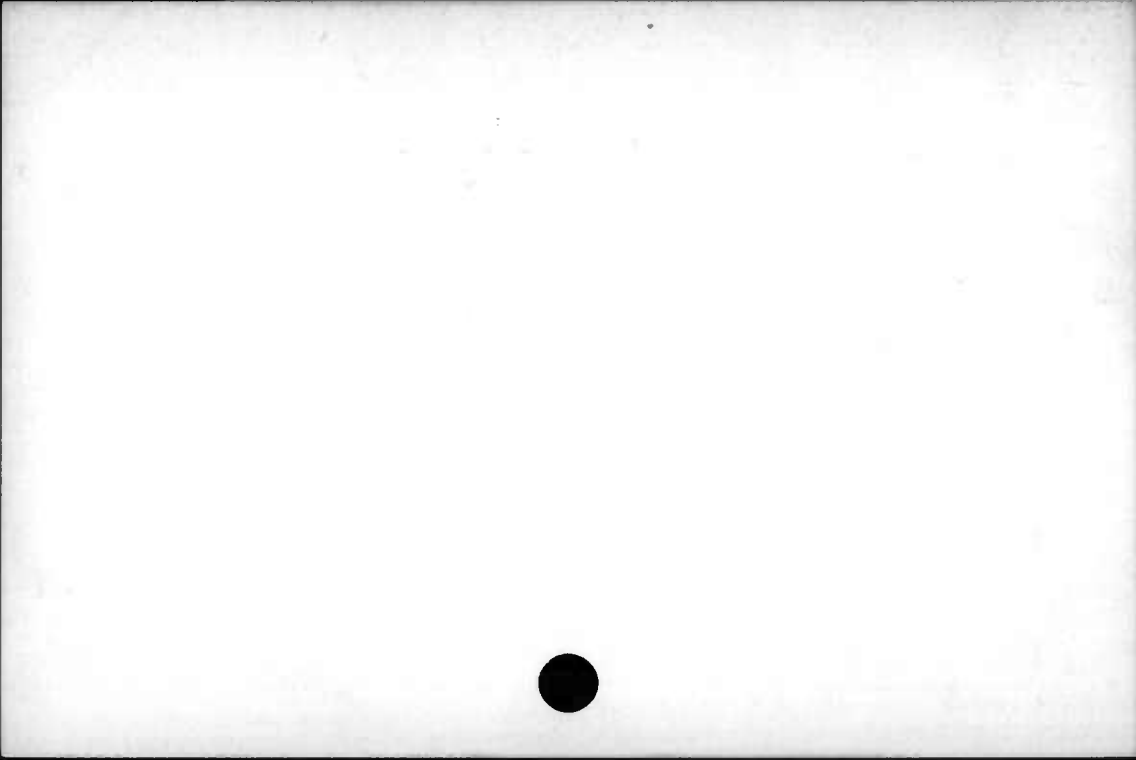
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Arlington</i>		<sup>County</sup> <i>Balto.</i>		MARYLAND	
Date of death 190 <i>3</i>	<i>12</i>	Month	Day <i>27</i>	Years <i>72</i>	Months <i>—</i>
Sex <i>Female</i>	Color <i>ed</i>		Race <i>ed</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Cook</i>		
Name of <del>Wife or</del> Husband <i>Joseph Carter</i>					
Father's Name <i>Wm Taster</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Mary Johnson</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Son in Law</i>			How related to deceased <i>Son in Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>old age</i>	How long
Immediate <i>Apoplexy</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edwin E. Jones</i>
<i>yes</i>	Address <i>Arlington MD</i>
Accident or Suicide?	





Name  
in  
Full

Catharine A Chenoweth

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lyzabre</u> Town		<u>Balt</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>12</u>	Day <u>17</u>	Age <u>50</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Married <u>Yes</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Wm A Chenoweth</u>					
Father's Name <u>George Frook</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Mary Lane</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Wm A Chenoweth</u>			How related to deceased <u>son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>La Grippe</u>	How long <u>5 days</u>
Immediate <u>Pneumonia &amp; Exhaustion</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thomas W Taylor</u>
	Address <u>Pikeville</u>
Accident or Suicide?	



Name  
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Full

## CERTIFICATE OF DEATH

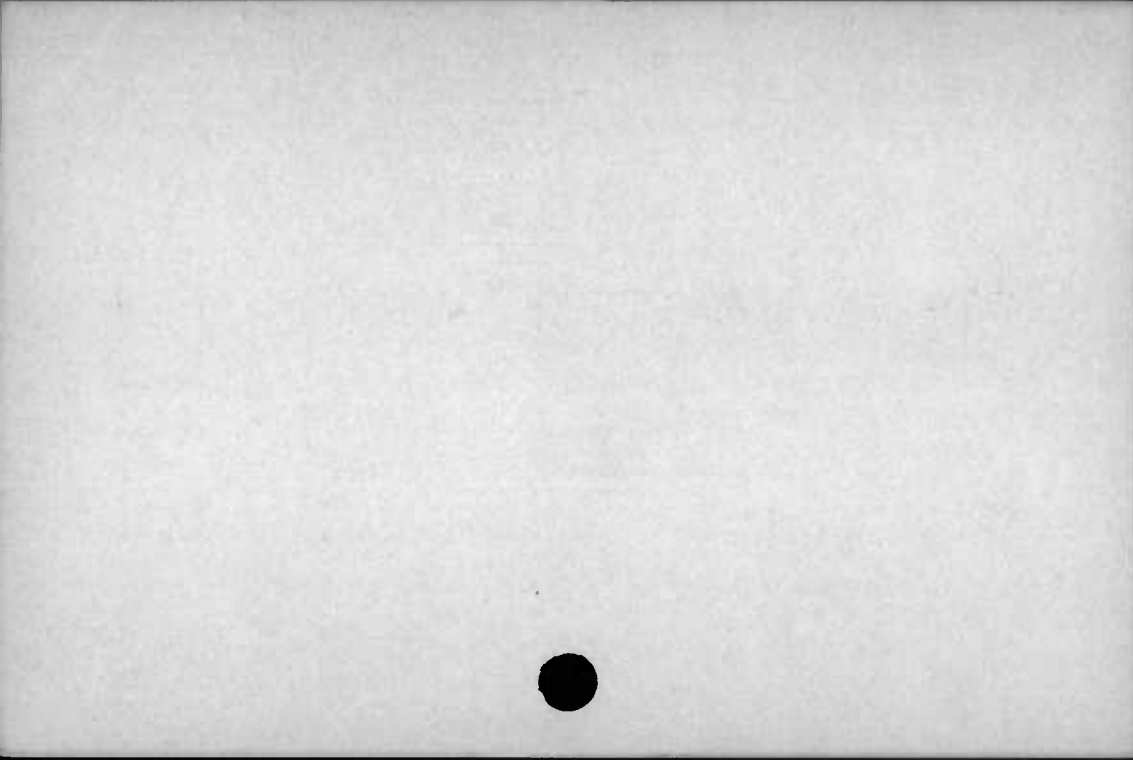
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes' Hospital</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>25</i>	Age <i>1.3</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <input checked="" type="checkbox"/> Married	Name of Wife or Husband						
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. H. Gerson M.D.</i>
	Address <i>1938 Linden Ave Baltimore Md.</i>
Accident or Suicide?	



Name in Full		Bayard E. Compton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Canton	County Baltimore		MARYLAND	
	Date of death 1903	Month 12	Day 9.	Age 1	Years 1	Months 1	Days 6
	Sex	Male		Color or Race	White		Birth-place Baltimore
	Married, Single or Widowed	Single		Occupation		None	
	Name of Wife or Husband						
	Father's Name	Elmer E. Compton				Father's Birthplace	Baltimore
PHYSICIAN OR CORONER	Mother's Maiden Name	Lula Bennett				Mother's Birthplace	Baltimore
	Name of person giving information	Elmer E. Compton				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary				How long		
	Pneumonia				10 days		
	Immediate				How long		
	Exhaustion				2 -		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
1/30				D.W. Jones M.D.			
				Address			
				3116 O'Donnell St			
Accident or Suicide?							

H. Sanders & Son  
Balt, Md

Name  
in  
Full

Madison Livingstone Day

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonsville</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>2</i>	Age <i>69</i>	Months <i>7</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Retired Merchant.</i>				
Name of Wife or Husband <i>Sophia R Luman Day</i>					
Father's Name <i>James Day</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Carrie Day</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Failure</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Henry B Whitley, Coroner</i>
	Address <i>Catonsville Ind</i>
Accident or Suicide?	





Name  
in  
Full

Mary Degenhardt

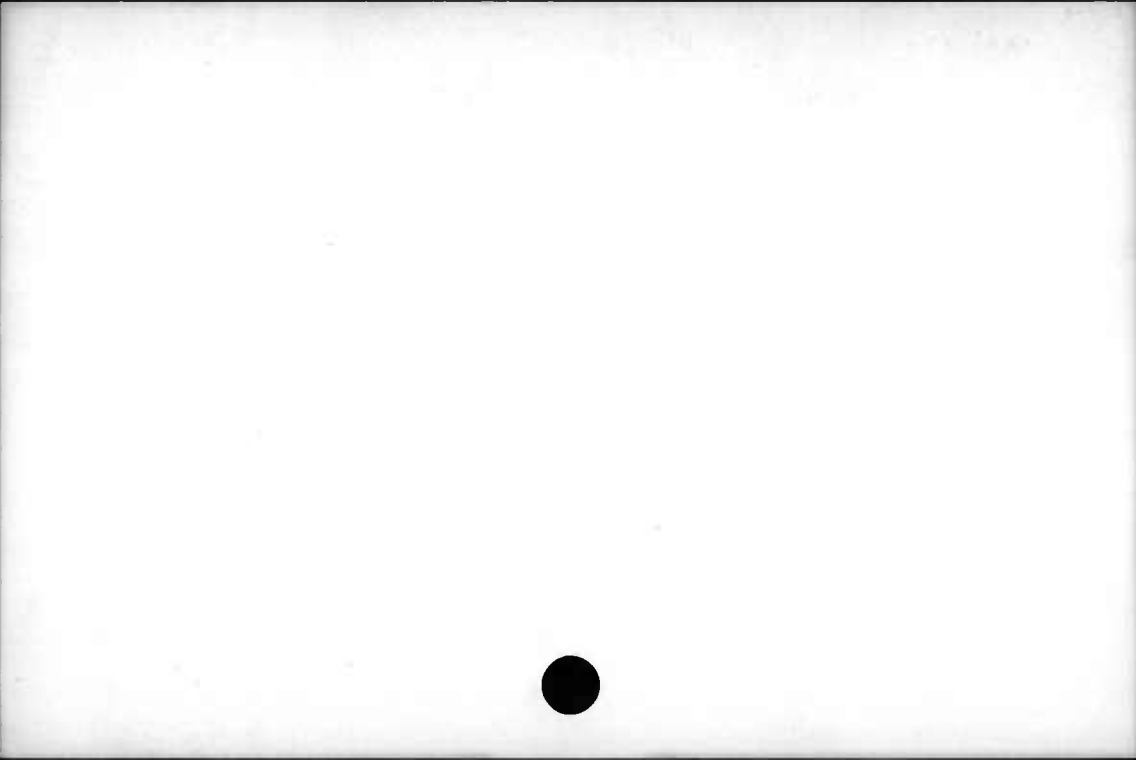
78  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Lorley		County Baltimore		MARYLAND	
Date of death		1903	Month Dec	Day 9	Age	Years 78	Months —
Sex		Female		Color or Race		white	
Occupation		Housewife		Where Residing if not at place of death		same	
Married, Single or Widowed		widow		Name of Wife or Husband		Joseph Degenhardt	
Father's Name		Wessel Lance		Father's Birthplace		Austria	
Mother's Maiden Name		Magdoline		Mother's Birthplace		Austria	
Name of person giving Information		Felix C. Degenhardt		How related to deceased		Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart-disease	How long	one year
Immediate	" "	How long	one year
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. F. H. Gorsuch M.D.	
Address		Folk Md.	
Accident or Suicide?			



Name  
in  
Full

Miss Mott Dorsett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Catonsville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>Dec.</i>	Day <i>22nd</i>	Age <i>55-</i>	Years	Months <i>—</i>	Days <i>—</i>	
Sex <i>F</i>		Color or Race <i>White</i>		Birth- place <i>Charles Co., Md</i>			
Married, Single or Widowed				Occupation <i>Lady</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>			
Name of person giving in formation <i>A. T. Gundry M.D.</i>				How related to deceased <i>Physician</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Heart failure</i>	How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Alfred T. Gundry M.D.</i>
	Address <i>"Schol" Catonsville Md</i>
Accident or Suicide? <i>—</i>	

Crome

Prince George Co

Name  
in  
Full

Lawrence Doyle

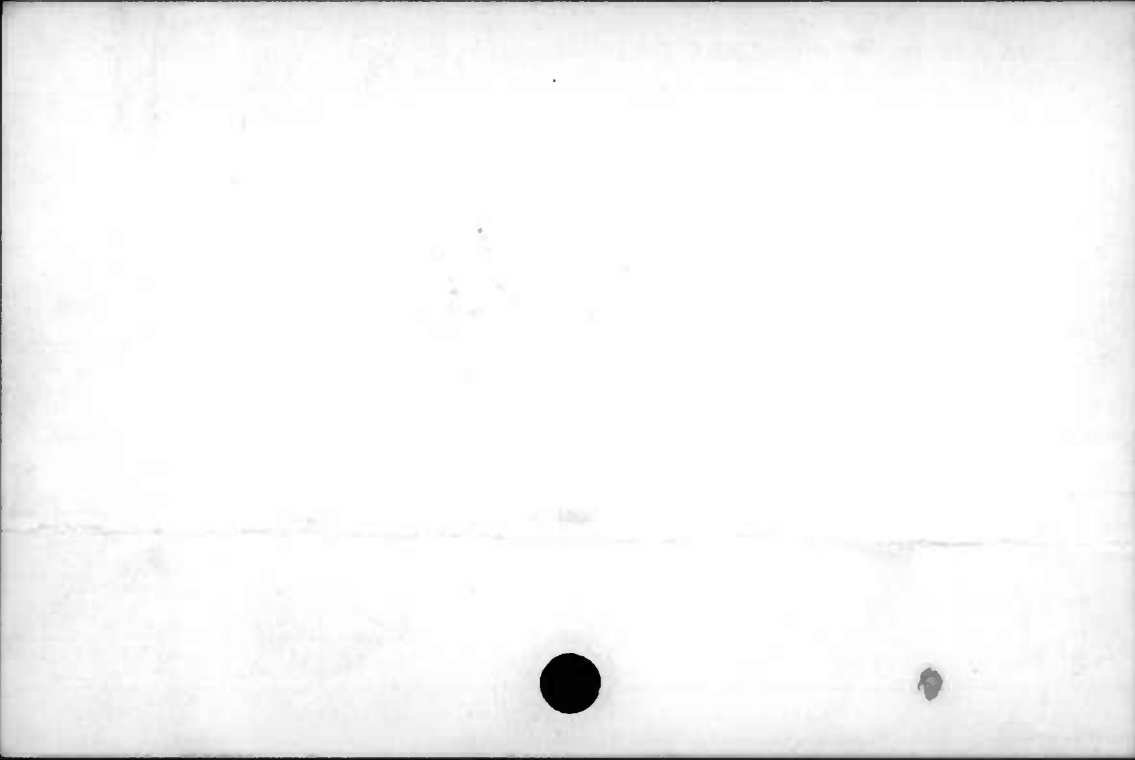
82  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Upper Falls		Baltimore		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1903	December	26	63			
Sex	Male		Color or Race	White		Birth-place	Ireland
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Elizabeth Doyle			
Father's Name	L			Father's Birthplace	L		
Mother's Maiden Name	L			Mother's Birthplace	L		
Name of person giving Information	William Doyle			How related to deceased	Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate	Hemorrhage	How long	10 Minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frederick Schatz, Cor
		Address	Upper Falls Baltimore Md
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Highlandtown</i> Town		<i>Baltimore</i> County		MARYLAND
	Date of death 1903	Month <i>Dec</i>	Day <i>18</i>	Age <i>—</i> Years	Months <i>7</i> Days <i>27</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co. Md.</i>		
	Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>			
	Name of Wife or Husband <i>—</i>				
	Father's Name <i>William E. Duffey</i>	Father's Birthplace <i>Md</i>			
	Mother's Maiden Name <i>Theresa R. Reahy</i>	Mother's Birthplace <i>Austria</i>			
	Name of person giving information <i>Germanus Franu</i>	How related to deceased <i>—</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Meningitis</i>			How long <i>About a week</i>	
	Immediate <i>Convulsions</i>			How long <i>—</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>E. J. Williams</i>	
				Address <i>1114 Chapin St</i>	
	Accident or Suicide? <i>—</i>				

Sacred Heart Con.

J. France



Name  
in  
Full

Sarah Washington East

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Powhatan</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>17</i>	Age <i>47</i>	Years	Months <i>9</i>	Days <i>26</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>				
Occupation <i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name or Wife or Husband <i>George Joseph East</i>					
Father's Name <i>John Dibb</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Sarah E. Sutton</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>George Joseph East</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>14 mos.</i>
Immediate <i>Cardiac Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Sean O'Meara</i>
	Address <i>Dickeyville Md.</i>
Accident or Suicide?	

London Park Cemetery

Name  
in  
Full

Emerich, Leah

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Culensville</u> <sup>Town</sup>		<u>Bullo</u> <sup>County</sup>		MARYLAND	
Date of death <u>1903</u>	Month <u>Dec</u>	Day <u>15</u>	Age <u>32</u> <sup>Years</sup>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>			
Occupation <u>Saleslady</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>X</u>	Name of Wife or Husband				
Father's Name <u>X</u>	Father's Birthplace <u>X</u>				
Mother's Maiden Name <u>X</u>	Mother's Birthplace <u>X</u>				
Name of person giving Information <u>X</u>	How related to deceased <u>X</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Syphilis</u>	How long <u>6 yrs</u>
Immediate <u>Proch. Pneumonia</u>	How long <u>36 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Percy Wade</u>
<u>No</u>	Address <u>Culensville, Ind.</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Mrs. Aquilla C. Enson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Butter</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>28</i>	Age <i>46</i>	Years <i>5</i>	Months <i>17</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Md.</i>	
<del>Married, Single or Widowed</del> <i>Widowed</i>		Occupation <i>Housewife</i>			
Name of <del>Wife or</del> <i>Aquilla C. Enson</i> Husband					
Father's Name <i>John Crommer</i>			Father's Birthplace <i>New Market Md.</i>		
Mother's Maiden Name <i>Sophia Anderson</i>			Mother's Birthplace <i>Manor Md.</i>		
Name of person giving information <i>Miss Edith Enson</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia Pulmonalis</i>	How long <i>Two Years</i>
Immediate <i>Hemorrhage - Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Drach</i>
	Address <i>Butter Md.</i>
Accident or Suicide?	

interred Black Rock cemetery

Name in Full

Certificate of Death

Jonis Ogden, Emerson

Town

County

Died at

Okego

Bald

MARYLAND

Date 19

03

Month

Day

12 8

Y.

M.

D.

Age

21 6 25

Native of

O.S.

Occupation

Motorman

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband

of

Minnie O. Emerson

Wife

Father's

Mother's

Name

Jonis O. Emerson

Maiden Name

May E. Nuttens

Cause of

Primary

Tuberculosis (Pulmonary)

How long sick

4 mo.

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. Ross Payne M.D.

Address

Corry

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000





Name  
in  
Full

## CERTIFICATE OF DEATH

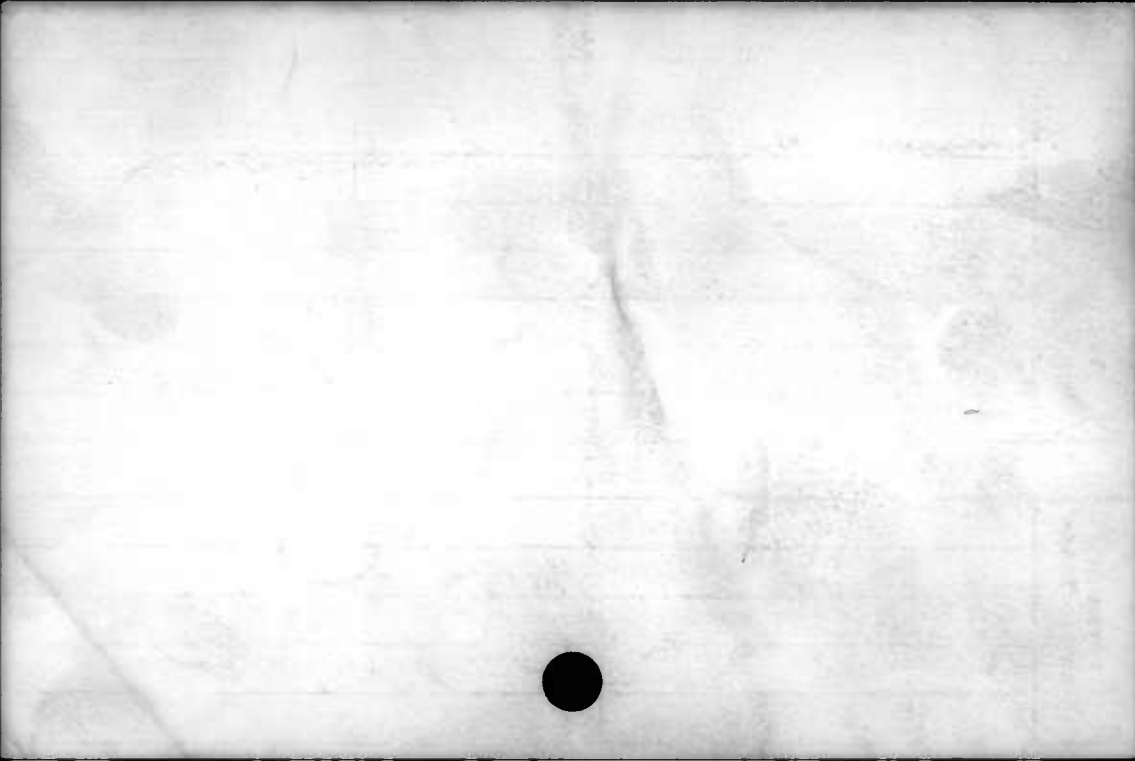
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Victoria Ferrnace</i>		Town <i>Sparrows Point</i>		County <i>Baltimore</i>		MARYLAND					
Died at <i>Sparrows Point</i>		Month <i>Dec.</i>		Day <i>19th</i>		Years <i>32</i>		Months <i>Feb.</i>		Days <i>10</i>	
Date of death 1903		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Artigua M.-Yndes</i>					
Married, Single or Widowed <i>married</i>		Occupation <i>Housewife</i>									
Name of Wife or Husband <i>Joe Ferrnace</i>											
Father's Name <i>Roderick</i>		Father's Birthplace <i>Madeira</i>									
Mother's Maiden Name <i>Madeira</i>		Mother's Birthplace <i>Madeira</i>									
Name of person giving information <i>Joe Ferrnace</i>		How related to deceased <i>Husband</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Septic Abscess</i>		How long <i>3 weeks</i>	
Immediate <i>Peritonitis</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Roy Heck M.D.</i>	
		Address <i>Sparrows Point</i>	
Accident or Suicide? <i>no</i>		<i>M.C.</i>	



Name

in  
Full

Clarence S. Ford

## CERTIFICATE OF DEATH

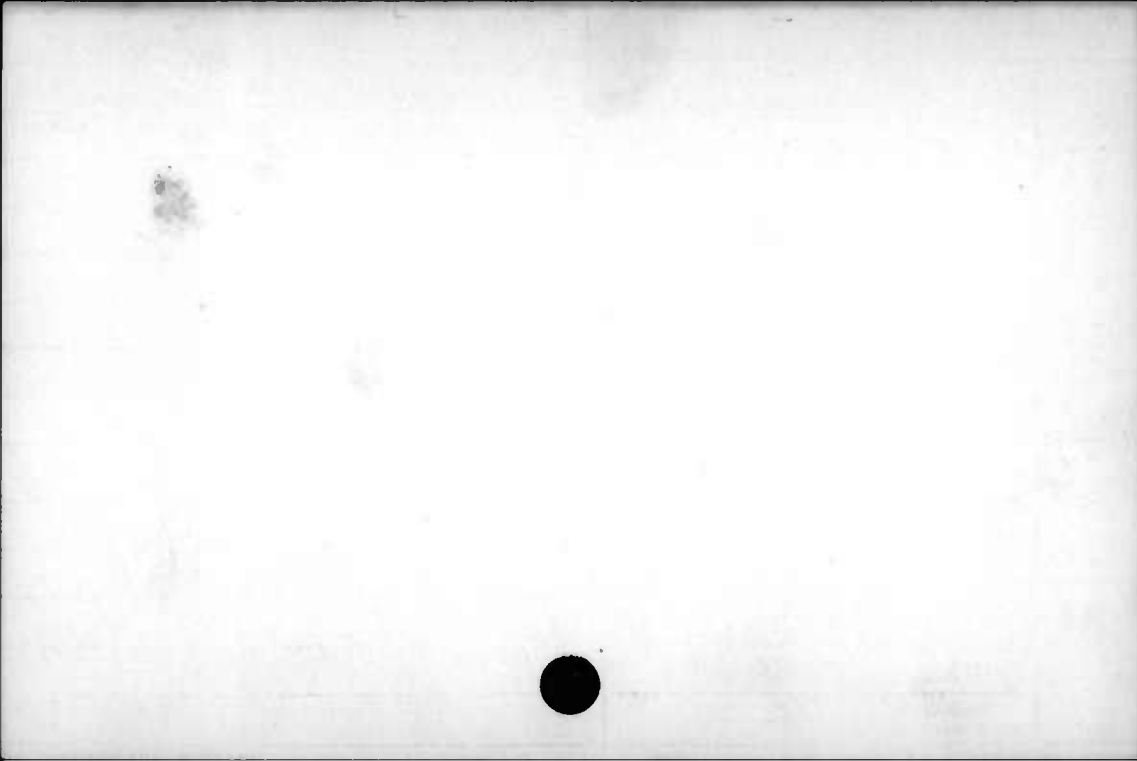
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pawson</i> <sup>Town</sup>		<i>Baths</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>29</i>	Years <i>23</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
<del>Married</del> , Single or <del>Widowed</del>			Occupation <i>Estyerman</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Thos Ford</i>			Father's Birthplace <i>Indiana</i>		
Mother's Maiden Name <i>Mary Hester Mome</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>Miss Hoffman</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Laryngeal Tuberculosis</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. C. Massenburg M.D.</i>
	Address <i>Pawson Md</i>
Accident or Suicide? <i>Neither</i>	



Name  
in  
Full

George Fredrickwald

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Balto</i> County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>9</i>	Age <i>83</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bermary</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Teacher</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>John Fredrickwald</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fracture Pelvis</i>	How long <i>3 mos</i>
Immediate <i>Nephritis</i>	How long <i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. N. Steyer</i>
	Address <i>2 Woodmont Pl</i>
Accident or Suicide? <i>2</i>	

Crowley Bros,

Mt Carmel Penn.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died in <i>St. John's Dist.</i>		County <i>York</i>		Backs.		MARYLAND	
Date of death	1903	Month	12	Day	30	Age	Years 2
Sex	Male		Color or Race	white		Birth-place	Rail Road, Pa.
Occupation				Where Residing if not at place of death			Sixth Dist. Balto. Co.
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Clinton E. Fritz					Father's Birthplace	Maryland.
Mother's Maiden Name	Lusan Alberta Schaeffer					Mother's Birthplace	Pennsylvania
Name of person giving information	Harry Schaeffer					How related to deceased	Uncle

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria	How long	10 days
Immediate	Convulsions	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. R. Albaugh.
		Address	Glen Rock, Pa.
			R. F. D. #1.
Accident or Suicide?			





Name  
in  
Full

Erma E. Garrett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Stilly</i> <sup>Town</sup>		<i>Baltimore Co</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>Dec</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>14</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<i>5</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Nelson W Garrett</i>			Father's Birthplace <i>Md Cornell</i>		
Mother's Maiden Name <i>Matilda C. Fresh</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>	How long <i>Six days</i>
Immediate <i>Diphtheritic Croup</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. R. Albaugh M.D.</i>
	Address <i>Glen Rock, Pa.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

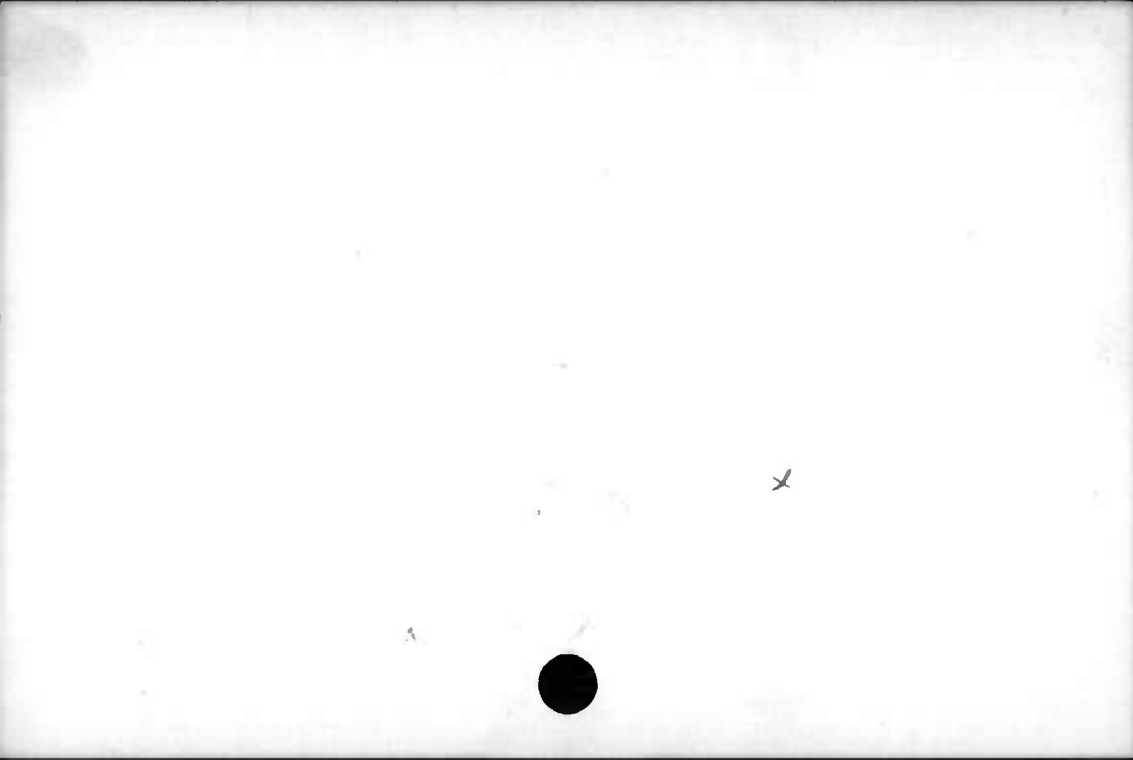
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Geo A Targen</b>		Town <b>Gardenwelle</b>		County <b>Balto</b>		MARYLAND	
Died at		Date of death <b>1903 Dec 31</b>		Age <b>2</b>		Months <b>11</b> Days <b>9</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Balto</b>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <b>Chas Targen</b>				Father's Birthplace <b>Germany</b>			
Mother's Maiden Name <b>Emma Targen</b>				Mother's Birthplace <b>"</b>			
Name of person giving Information <b>Chas Targen</b>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <b>Scarlet fever</b>		How long <b>one day</b>	
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Wm D. Lane M.D.</b>	
		Address <b>Gardenwelle Md</b>	
Accident or Suicide?			



Name  
in  
Full

Attorney Gilliam

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snyder</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Dec.</u>	Day <u>27<sup>th</sup></u>	Age <u>3</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Virginia</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>None</u>			
Name of Wife or Husband					
Father's Name <u>Samuel Gilliam</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>Ellen Miller</u>			Mother's Birthplace <u>Virginia</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Phthisis</u>	How long <u>5 Months</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. Eldred M.D.</u>
	Address <u>Spencer's Point</u>
Accident or Suicide? <u>—</u>	



Name

in  
Full

Anna Katherine Bontrum

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Gardenville* <sup>County</sup> *Balto Co* **MARYLAND**

Date of death 190 <sup>3</sup> *3* <sup>Month</sup> *Dec.* <sup>Day</sup> *16* <sup>Age</sup> *1* <sup>Years</sup> *7* <sup>Months</sup> *25* <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Gardenville*

~~Married~~ Single *Single* Occupation *none*

Name of Wife or Husband \_\_\_\_\_

Father's Name *John F Bontrum* Father's Birthplace *Balto Co Md*

Mother's Maiden Name *Mary H Biddison* Mother's Birthplace *Balto Co Md*

Name of person giving information *John F Biddison* How related to deceased *Uncle*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

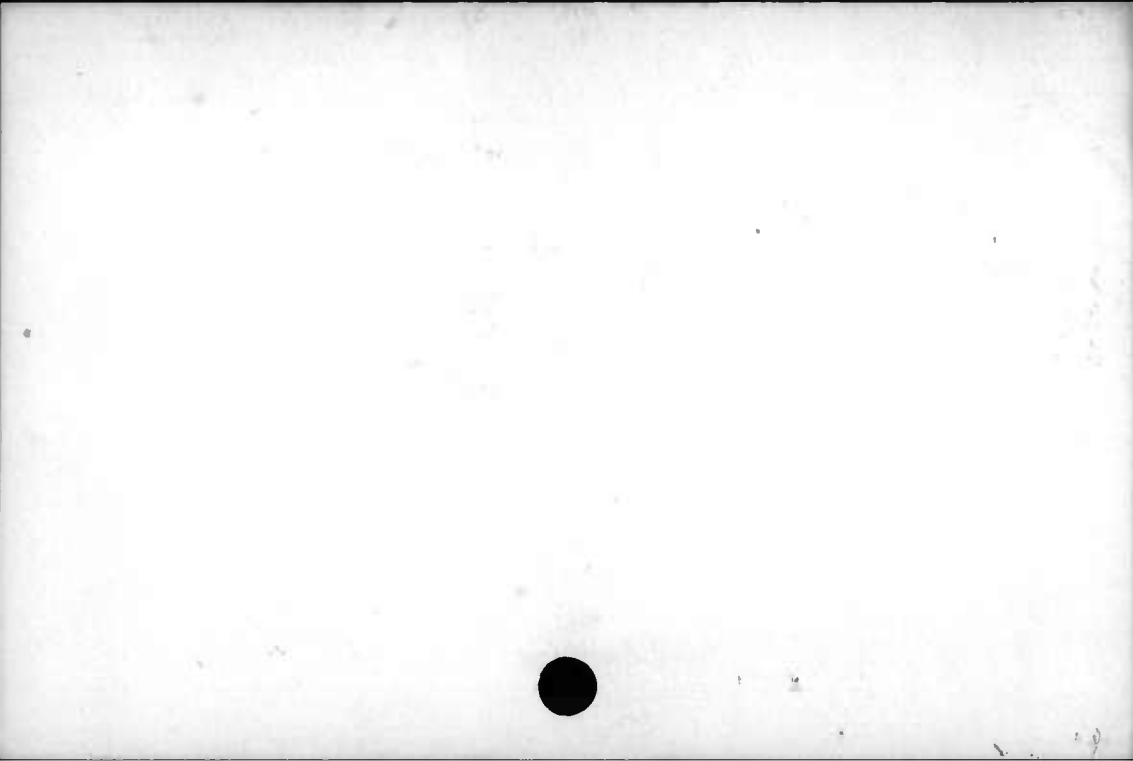
Primary *Diphtheria* How long \_\_\_\_\_

Immediate *Convulsions* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Geo F Corse*

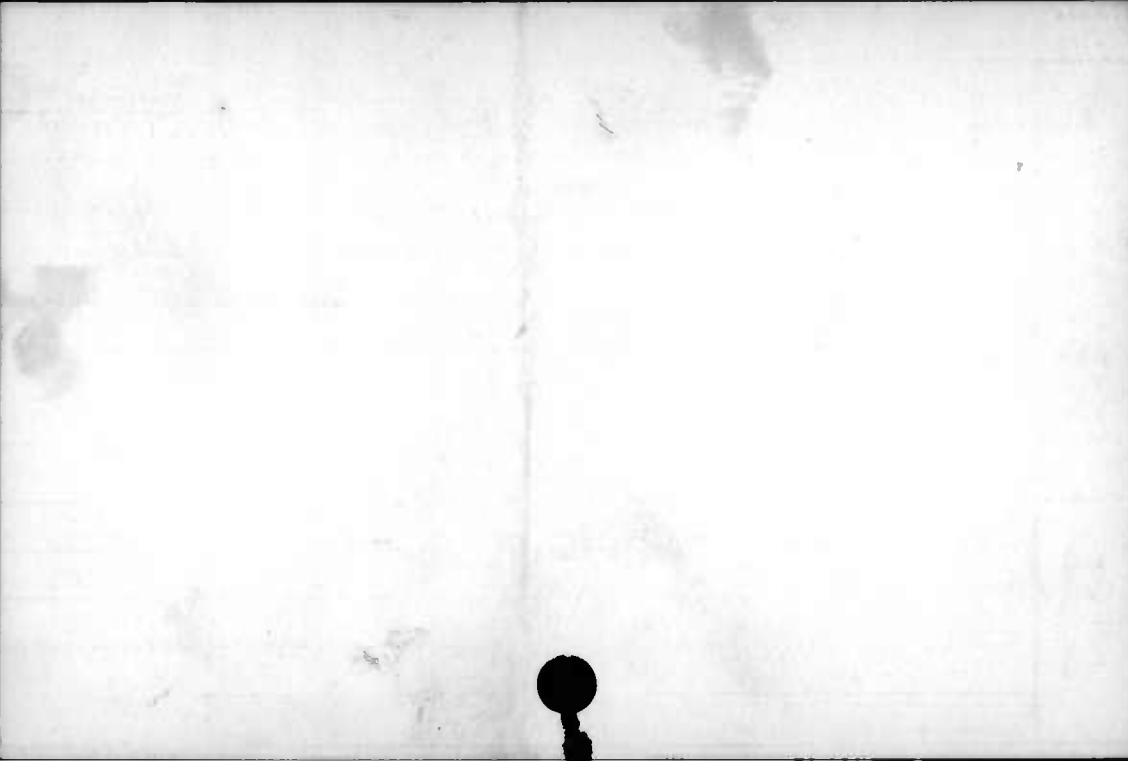
Address *Gardenville Md*

Accident or Suicide? \_\_\_\_\_

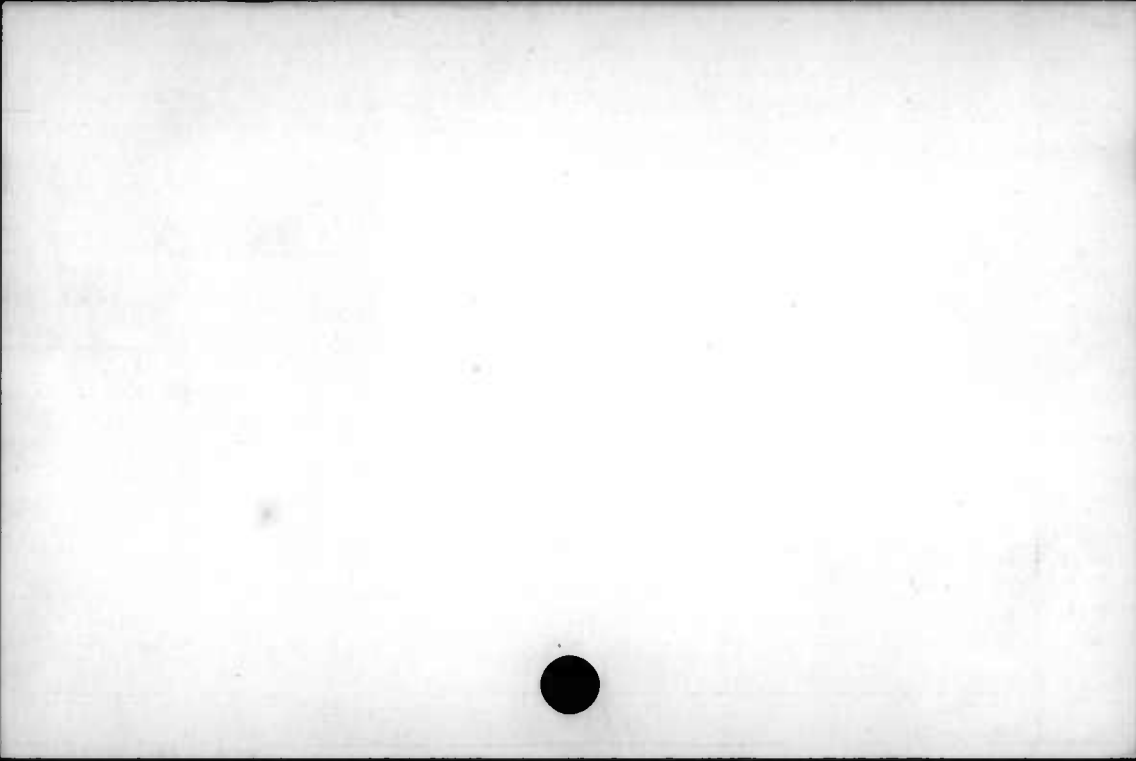




Name in Full <b>Mary E. Green</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Highland</b> <sup>Town</sup>		<b>Baltimore</b> <sup>County</sup>
	Date of death 190 <b>3</b> <sup>Month</sup> <b>12</b> <sup>Day</sup> <b>1</b>		Age <b>69</b> <sup>Years</sup> <b>1</b> <sup>Months</sup> <b>1</b> <sup>Days</sup>
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Balto.</b>
	Married, Single or Widowed <b>Married</b>	Occupation <b>Housework</b>	
	Name of Wife or Husband <b>Charles E. Green</b>		
	Father's Name <b>John Brown</b>		Father's Birthplace <b>Balto</b>
	Mother's Maiden Name <b>Catherine Neal</b>		Mother's Birthplace <b>Balto</b>
Name of person giving information <b>Charles E. Green</b>		How related to deceased <b>Son</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Pneumonia</b>		How long <b>8 days</b>
	Immediate <b>Acute Nephritis three</b>		How long <b>1 day</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Chas. H. Hickey</b>
			Address <b>211 Harrison St. S.E.</b>
Accident or Suicide? <input type="checkbox"/>			



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Govanstown</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		
		Date of death 1903		Month <u>Dec</u>	Day <u>4</u>	Age <u>39</u> <small>Years</small>
		Sex <u>Female</u>		Color or Race <u>White</u>	Birth-place <u>Balto city</u>	Months <u>1</u>
		Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>		
		Name of Wife or Husband <u>John H Gruber</u>				
		Father's Name <u>Benjamin H Garrett</u>		Father's Birthplace <u>Balto. Co.</u>		
		Mother's Maiden Name <u>Lavinia M Bull</u>		Mother's Birthplace <u>Balto. Co.</u>		
		Name of person giving information <u>Arthur W Winkelman</u>		How related to deceased <u>Nephew</u>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <u>Tuberculosis</u>		How long <u>One Year</u>			
	Immediate <u>Anaemia</u>		How long <u>Two months</u>			
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. C. Bess, M.D.</u>			
	Accident or Suicide?		Address <u>STATION H, (GOVANS), BALTIMORE, MD.</u>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Julius Halbfass*

Died at *Sparrow Point* Town *Balto* County

MARYLAND

Date of death *1903* *Dec.* Month *21* Day *about 70* Years *Months* Days

Sex *Male* Color or Race *White* Birth-place

Occupation *Labourer* Where Residing if not at place of death *Lundalk Md.*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

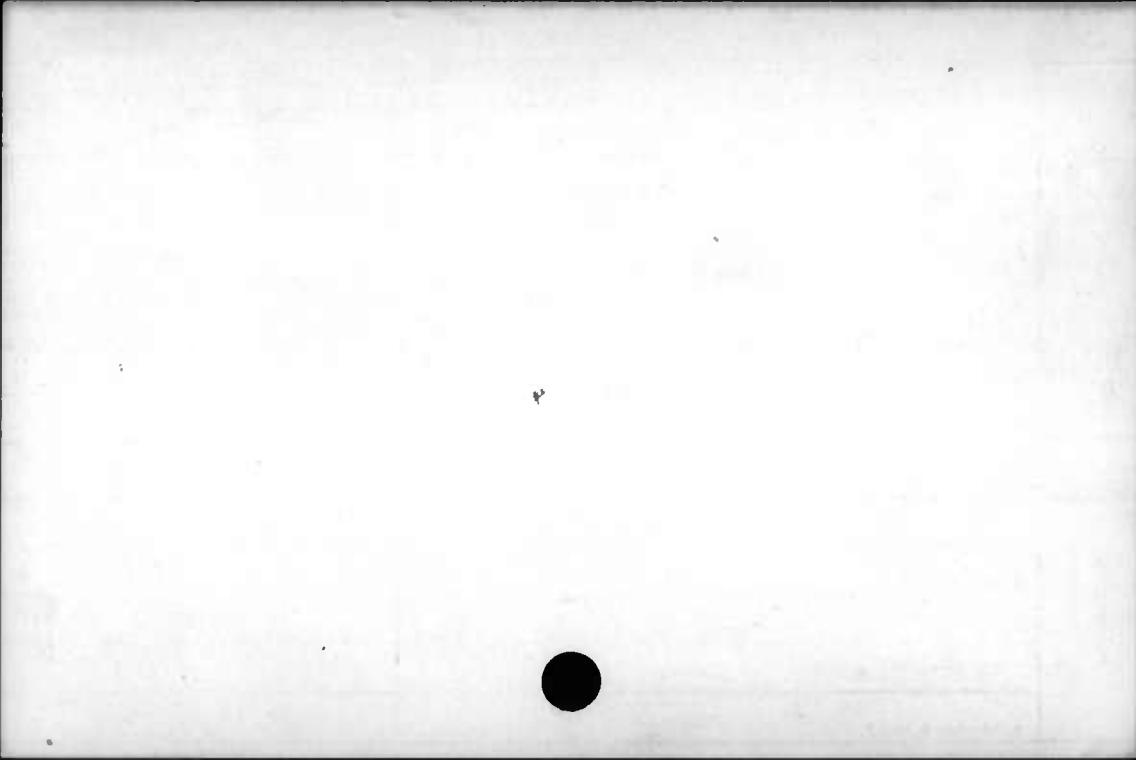
*Accident*

*Accident*

*for Blair J. P.  
Sparrow Point  
Md.*



Name in Full		Letha Hall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Lutherville		County Baltimore		MARYLAND
	Date of death 1903	Month December	Day 28 <sup>th</sup>	Years Age 58	Months —	Days —	
	Sex female	Color or Race Colored		Birth- place Maryland			
	Married, Single or Widowed Married		Occupation at home				
	Name of Wife or Husband Perry Hall						
	Father's Name Ross				Father's Birthplace 79		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving In formation					How related to deceased		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary Heart disease				How long over 3 months		
	Immediate Dropsy				How long several weeks		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician J.C. Peebles		
					Address Lutherville Md.		
Accident or Suicide? <input type="checkbox"/>							





Name in Full

Certificate of Death

Clinton Albert Samuel,

Town

County

Died at

Fullerton

Baldw.

MARYLAND

Date 1903

Month

Day

Dec. 3

Y.

M.

D.

Age

5

10

Native of

Md

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widowed~~

Number of children living

Husband

of

Wife

Father's

Name

John G. Samuel

Mother's

Maiden Name

Barbara M. Melchling

Cause of

Primary

Acute Bronchitis.

How long sick

About 2 weeks

Death

Immediate

Convulsion;

Accident, Suicide, Homicide

Reported by

Lingard St. Whiteford, M.D.

Address

Parkville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70006



Name  
in  
Full

Hester Harris

77  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lordsburg</u> Town		<u>Ball</u> County		MARYLAND	
Date of death	1903	Month	Dec	Day	1
Age		74		Months	✓
Sex	Female	Color or Race	Black	Birth-place	Md
Occupation	housewife	Where Residing if not at place of death		same	
Married, Single or Widowed	widowed	Name of Wife or Husband	Thos Harris		
Father's Name	✓	Father's Birthplace	✓		
Mother's Maiden Name	✓	Mother's Birthplace	✓		
Name of person giving Information	Tobias Harris		How related to deceased	son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	old age	How long	✓
Immediate	heart failure	How long	few wks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J F H. H. M. D.
		Address	Fork Md
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

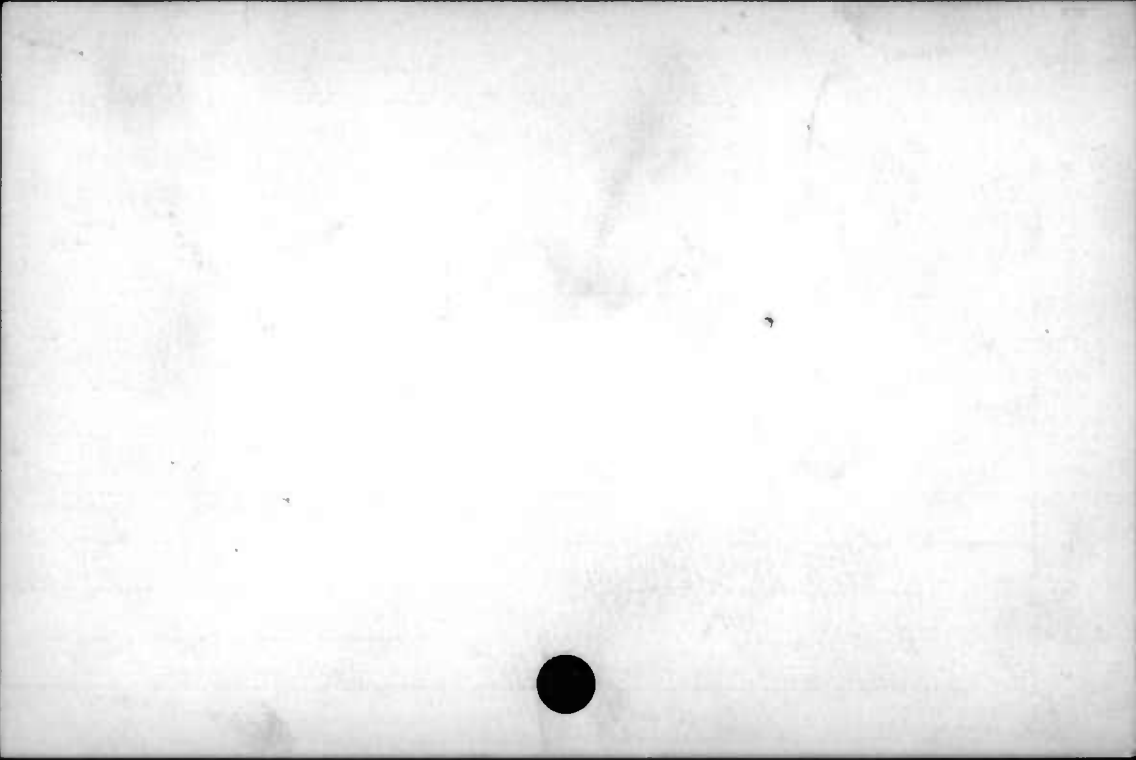
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>12</i> <sup>Month</sup>	<i>5</i> <sup>Day</sup>	Age <i>85</i> <sup>Years</sup>	<i>10</i> <sup>Months</sup>	<sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, <del>Single</del> or <del>Widowed</del>			Occupation		
Name of Wife or Husband <i>Hennietta Henri Zerling</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Wife &amp; Daughter</i>			How related to deceased <i>Wife &amp; Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Incident to old Age</i>	How long
Immediate <i>congestion Lung</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. W. Lammey</i>
	Address <i>304 Bank at Bldg</i>
Accident or Suicide?	



Name  
in  
Full

Aborda Herman

## CERTIFICATE OF DEATH

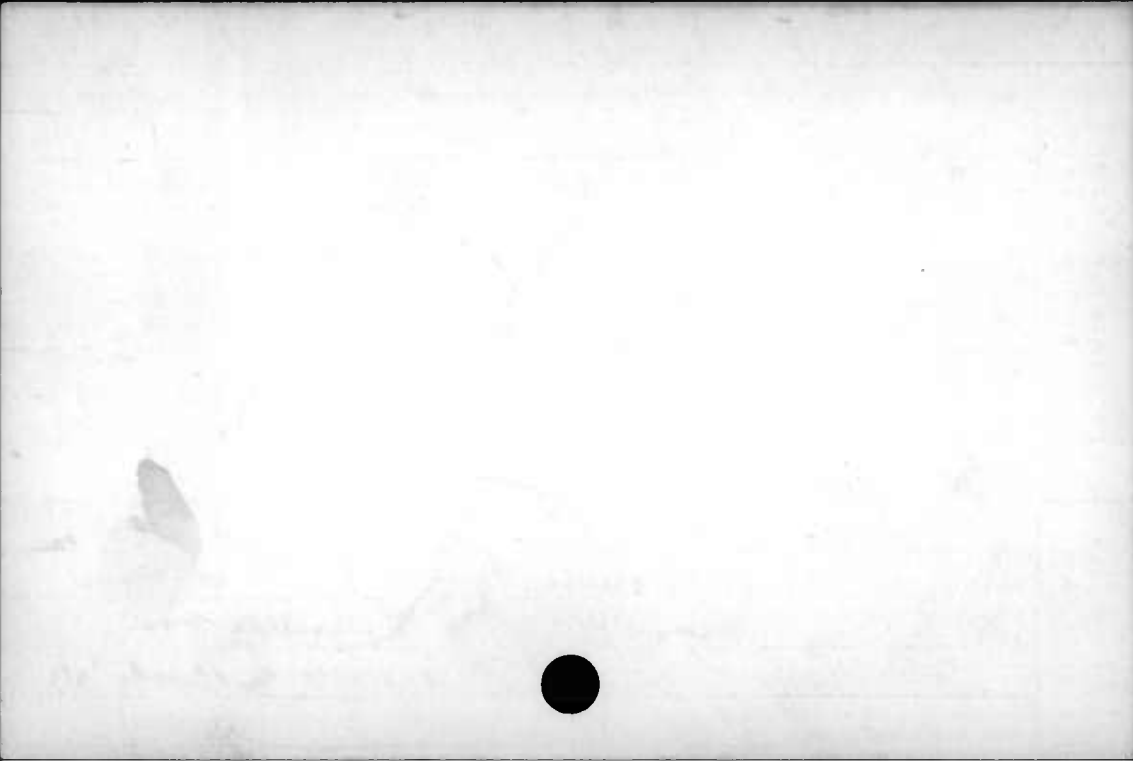
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Ellicott City</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>14</i>	Age <i>62</i> <sup>Years</sup>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>		
Married, Single or Widowed <i>Widow</i>	Occupation <i>House duties</i>				
Name of Wife or Husband <i>Christopher Herman</i>					
Father's Name <i>Thos B. Duval</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rebecca Lilly</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>J. E. Krah</i>			How related to deceased <i>Son in Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>6 weeks</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. B. Oring</i>
	Address <i>Ellicott City Md</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Grace Mae Hewitt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Highlandtown <sup>County</sup> Baltimore

MARYLAND

Date of death 1903 <sup>Month</sup> Dec <sup>Day</sup> 3rd <sup>Age</sup> <sup>Years</sup> 25 <sup>Months</sup> 10 <sup>Days</sup> 1Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Maryland<sup>Occupation</sup> Housewife <sup>Where Residing if not at place of death</sup> —<sup>Married, Single or Widowed</sup> Single <sup>Name of Wife or Husband</sup><sup>Father's Name</sup> George W. Bateler <sup>Father's Birthplace</sup> Maryland<sup>Mother's Maiden Name</sup> Laura Cortee <sup>Mother's Birthplace</sup> Maryland<sup>Name of person giving information</sup> G. S. Hewitt <sup>How related to deceased</sup> Husband

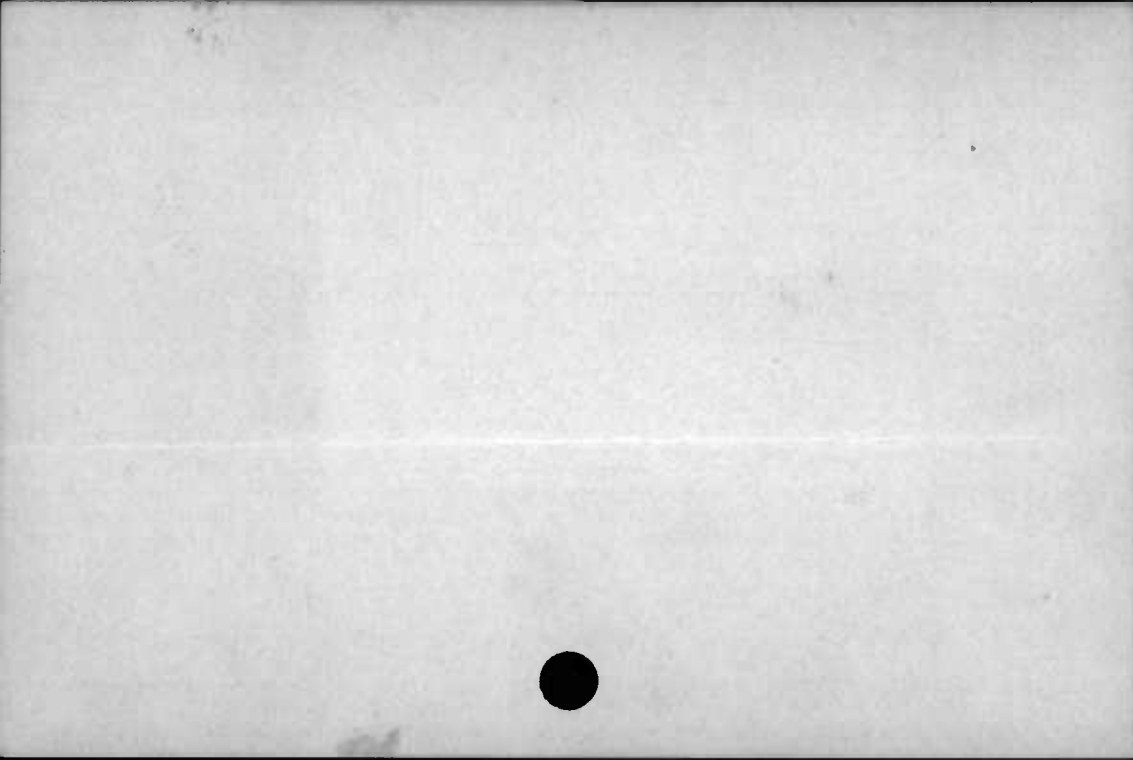
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER<sup>Primary</sup> Cerebral Sclerosis <sup>How long</sup> 6 hrs  
<sup>Immediate</sup> Chlathrosis <sup>How long</sup> 6 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

<sup>Signature of Physician</sup> G. S. Hewitt<sup>Address</sup> 2229 E. Bute St

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Chas Beatty Hoblitzell* Town *Woodlawn* County *Roland Park* State *Baltimore*

Died at *Woodlawn Road Roland Park Baltimore* Maryland

Date of death 1903 Dec 31 Age 33 Months 10 Days 10

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *Broker* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name *Cleaver Hoblitzell* 93 Father's Birthplace *Maryland*

Mother's Maiden Name *Eliz. J. Woodside* 93 Mother's Birthplace *Baltimore*

Name of person giving information *Mrs C. J. Hoblitzell* How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Croupous Pneumonia* How long

Immediate *Cardiac Asthenia* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Franklin Hamblin M.D.*

Address *1900 Maryland Ave*

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Name *Joseph Huber*

Town *Orangeville* County *Baltimore*

Died at *Orangeville*

Date of death 1903 *Dec* Month *11* Day *11* Years *39* Age *39* Months *10* Days

Sex *Male* Color or Race *white* Birth-place *Germany*

Married, Single or Widowed *Married* Occupation *Butcher*

Name of Wife or Husband *Greentia Madel Huber*

Father's Name *Joseph Huber* Father's Birthplace *Germany*

Mother's Maiden Name *don't know* Mother's Birthplace *Germany*

Name of person giving information *Greentia Madel Huber* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Phthisis* How long

Immediate *Phthisis* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W. D. Brady, M.D.*

Address *111 S. Broadway*

Accident or Suicide?

Sacred Heart Cemetery

Dec. 14<sup>th</sup> 1903

Germanus France

Underaker

Name  
in  
Full

Annie Hyland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Washington</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>19</i>	Age <i>12</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>child</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Richard Hyland</i>			Father's Birthplace <i>N. S.</i>		
Mother's Maiden Name <i>Sarah Riley</i>			Mother's Birthplace <i>9</i>		
Name of person giving information <i>Richard Hyland</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>diphtheria</i>	How long <i>2 week</i>
Immediate <i>Dilatation of Heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris Shanks</i>
	Address <i>Mt Washington</i>
Accident or Suicide?	





Name  
in  
Full

Helen Gertrude Hyland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Washington</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>11</i>	Age <i>10</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Child</i>			Where Residing if not at place of death <i>Mt Washington</i>				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Richard Hyland (Deceased)</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Sarah Hyland</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Morris Shauko M.D</i>			How related to deceased <i>none</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membranous Croup &amp; Tonsillitis</i>	How long <i>2 weeks</i>
Immediate <i>Blood Poisoning</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Morris Shauko M.D</i>
	Address <i>Mt Washington</i>
<del>Accident or Suicide</del>	

St Mary's Cemetery  
Gorhamstown

Martin Fahey & Sons  
Funeral Directors

9th Dist.

Name  
in  
Full

Infant of Annie Jackson

## CERTIFICATE OF DEATH

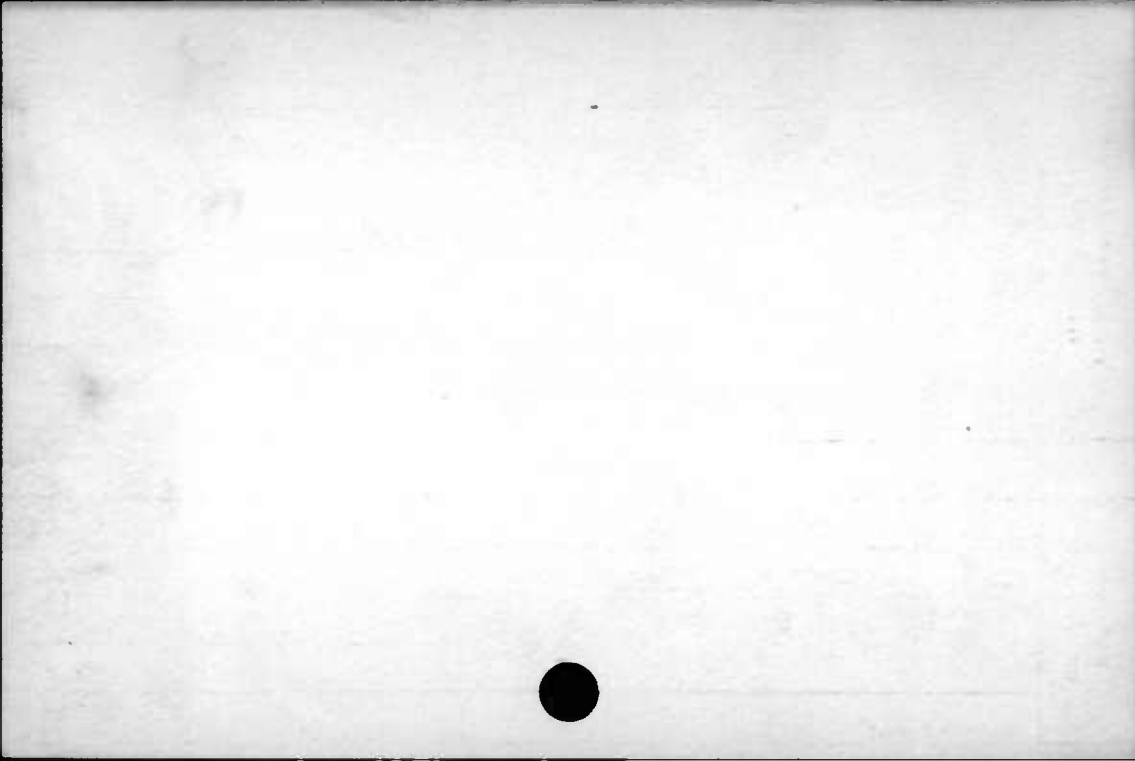
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Dennis</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>December</i>	Day <i>31<sup>st</sup></i>	Age <i>4</i> <sup>Years</sup> Months	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Balt. City</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Servant</i>		
<del>Name of Wife or Husband</del> <i>John S. Smith</i>					
Father's Name <i>John S. Smith</i>			Father's Birthplace <i>15</i>		
Mother's Maiden Name <i>Annie Sample</i>			Mother's Birthplace <i>15</i>		
Name of person giving Information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General weakness</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Henry Sultan Jr.</i>	Address
Accident or Suicide? <i>Coroner 13<sup>th</sup> Dist Balt. Co.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

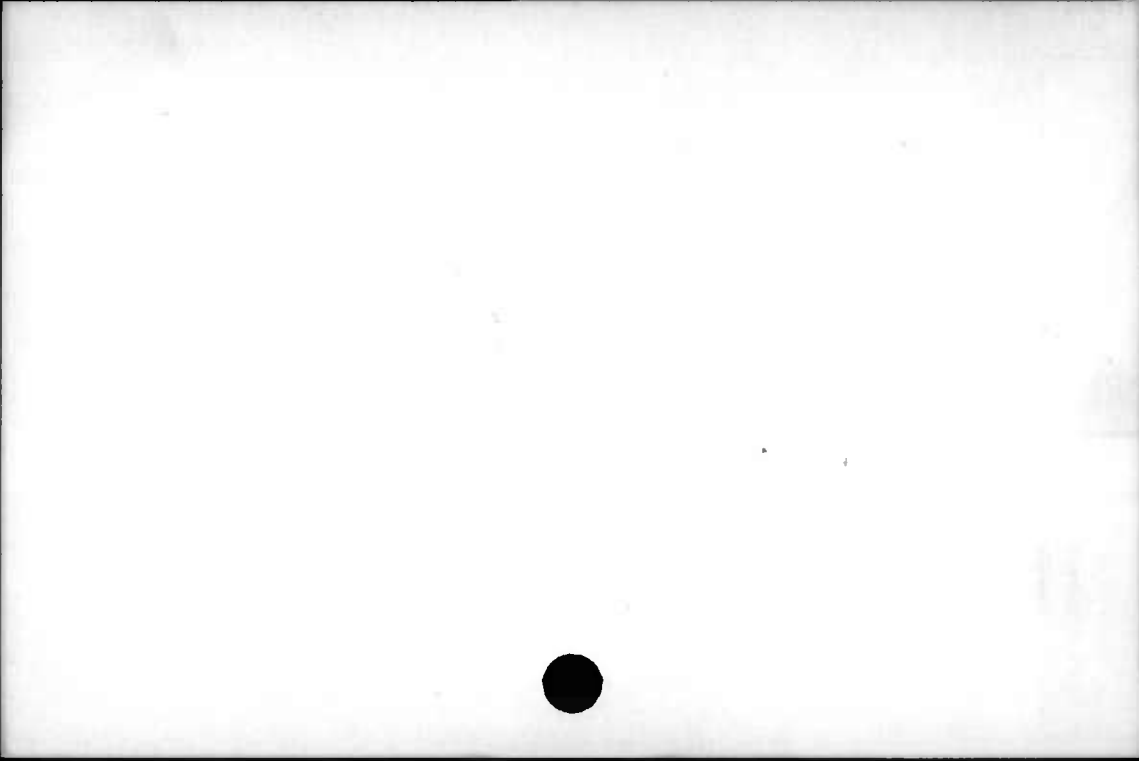
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrow's Point</i>		Town <i>Beth</i>		County	
Date of death <i>1903</i>		Month <i>12</i>	Day <i>17</i>	Age <i>10</i>	Years
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Sparrow's Point</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>John Jess</i>	Father's Birthplace <i>Poland</i>				
Mother's Maiden Name <i>172</i>	Mother's Birthplace <i>Poland</i>				
Name of person giving Information		How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>accident</i>	How long <i>—</i>
Immediate <i>drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Woodward, Mr</i>
	Address <i>Sparrow's Point</i>
Accident or Suicide? <i>accident</i>	



Name  
in  
Full

Unnamed Infant

## CERTIFICATE OF DEATH

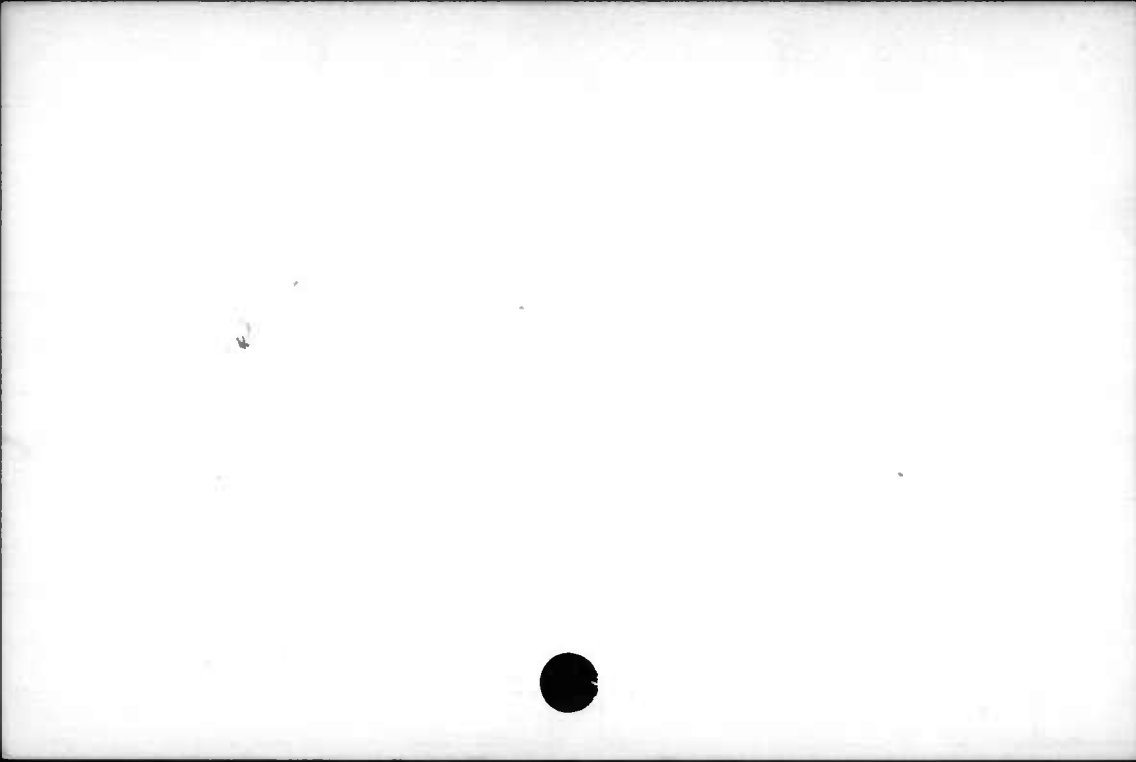
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Middle River		Baltimore		County		MARYLAND	
Date of death 1903	Month Dec	Day 6	Age	Years	Months	Days			
Sex	male		Color or Race	white		Birth- place	Md		
Married, Single or Widowed	-		Occupation		S.				
Name of Wife or Husband				-					
Father's Name				George J. Stahl		Father's Birthplace		Md	
Mother's Maiden Name				Annie K. Barthel		Mother's Birthplace		Md	
Name of person giving Information				George J. Stahl		How related to deceased		7 aches	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			John W. Hamilton M.D.	
			Address	
			San H. - 15 West	
			Middle River Md	
Accident or Suicide?		-		





Name  
in  
Full

Magdeline Kall

## CERTIFICATE OF DEATH

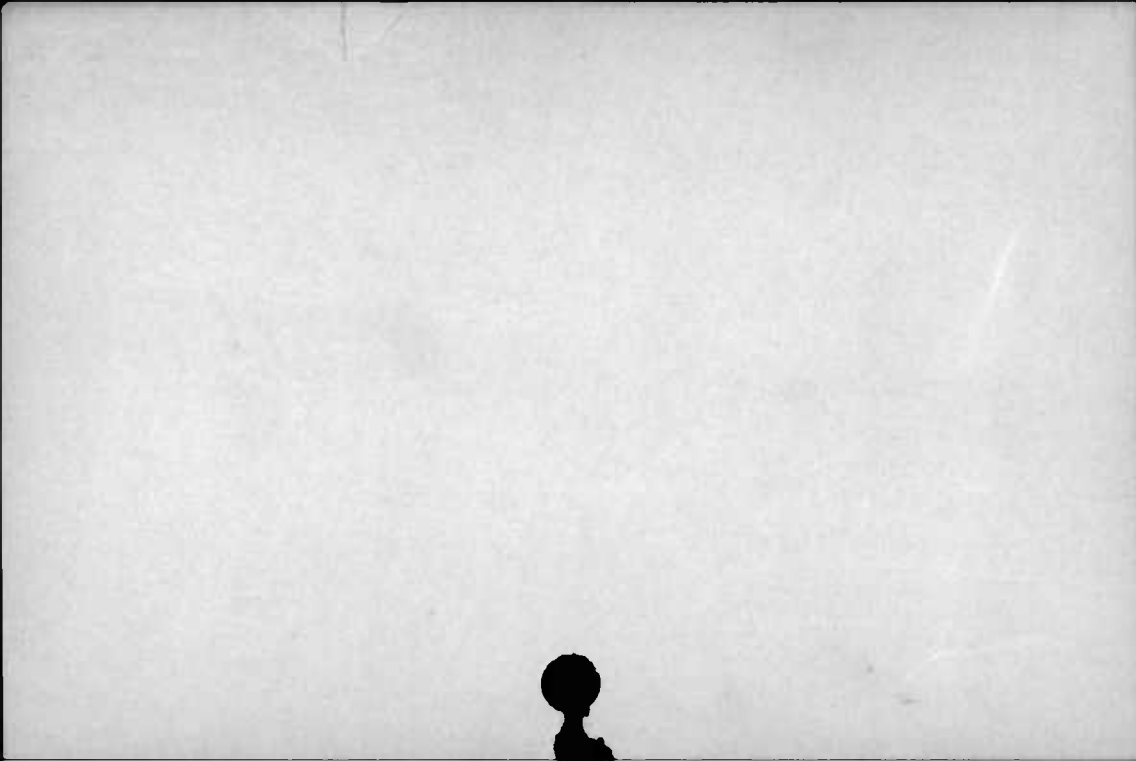
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Middle River</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death	1903	Month	<i>Dec</i>	Day	<i>19</i>
Age		Years	<i>60</i>	Months	<i>7</i>
Sex		Color or Race	<i>white</i>	Birth-place	<i>Germany</i>
Occupation		<i>hus</i>			
Where Residing if not at place of death					
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>John Kall</i>		
Father's Name	<i>—</i>	<i>93</i>	Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>—</i>		Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>Matthew Kall</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John W. Haccunda</i>
		Address	<i>Middle River Md</i>
Accident or Suicide?	<i>no</i>		



Name  
in  
Full

Christian Keller

## CERTIFICATE OF DEATH

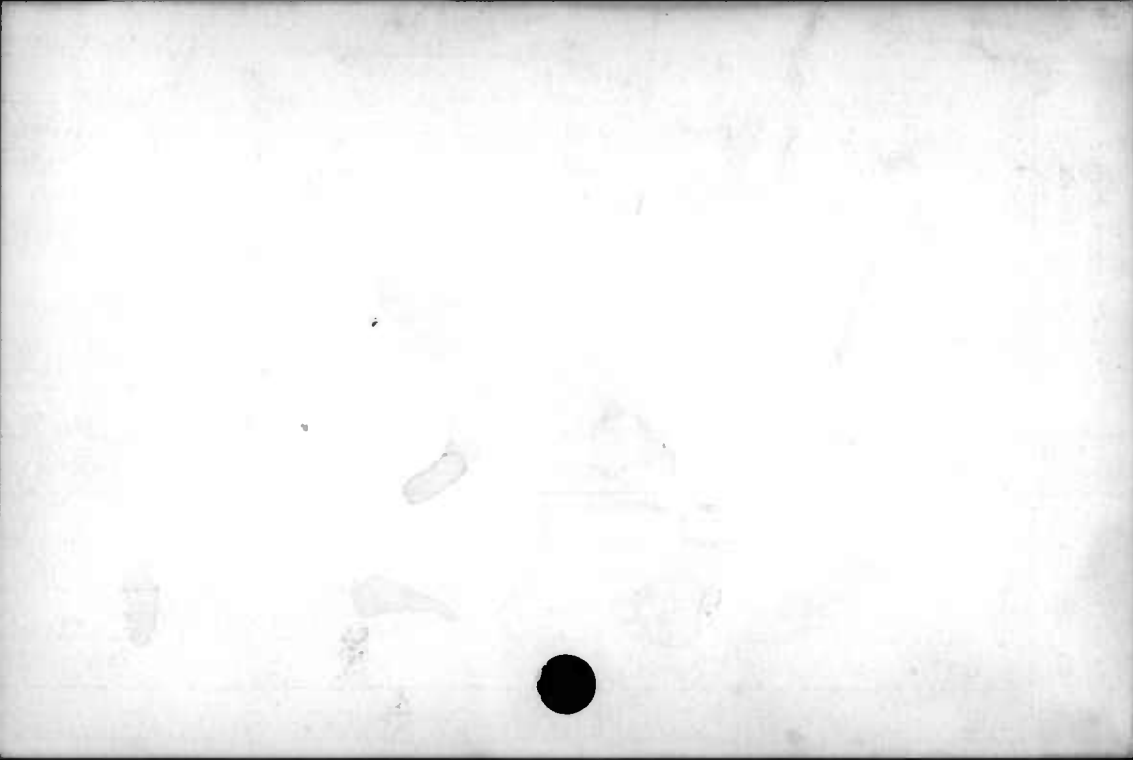
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown		County Balto. Co.		MARYLAND	
Date of death 190	3	Month Dec	6	Day 6	Age	Years 45	Months 5
Sex		Male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Teamster	
Name of Wife or Husband		Christina Keller					
Father's Name		Jacob Keller				Father's Birthplace	
Mother's Maiden Name		Not known				Germany	
Name of person giving In formation		Christina Keller				How related to deceased	
						Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Paralysis of Heart	
Are the name, age, sex, color, date and place correctly given above?	
Yes	
Signature of Physician	
John G. Ray Cor.	
Address	
Highlandtown	
Balto. Co. Md	
Accident or Suicide?	No



Name  
in  
Full

William W. Kessler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rayville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec.</i>	Day <i>11</i>	Age <i>70</i> Years	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ohio</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Merchant</i>		
Name of Wife or Husband <i>Sarah D. Kessler</i>					
Father's Name <i>Samuel Kessler</i>			Father's Birthplace <i>N. C.</i>		
Mother's Maiden Name <i>Margarett Porter</i>			Mother's Birthplace <i>Tenn.</i>		
Name of person giving Information <i>Sarah D. Kessler</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long
Immediate <i>Cerebral Hemorrhage</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Joseph S. Baldwin</i>
	Address <i>Freeland R. F. D. #1.</i>
	<i>Baltimore Co. Md.</i>
Accident or Suicide?	



Name  
in  
Full

Kettlewell, Isaac.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Bladensburg</u> <sup>Town</sup>		<u>Pratts</u> <sup>County</sup>			
Date of death <u>1903 Dec 17</u>		Age <u>60</u>		Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>X</u>			
Father's Name <u>X</u>		Father's Birthplace <u>X</u>			
Mother's Maiden Name <u>X</u>		Mother's Birthplace <u>X</u>			
Name of person giving Information <u>X</u>		How related to deceased <u>X</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Mental Disease</u>	How long	<u>6 mos.</u>
Immediate	<u>Ch. Interstitial Nephritis</u>	How long	<u>4 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Perz Wade</u>	
		Address <u>Bladensburg, Md.</u>	
Accident or Suicide? <u>No.</u>			





Name  
in  
Full

Laura A. Keyser,

(81)

## CERTIFICATE OF DEATH

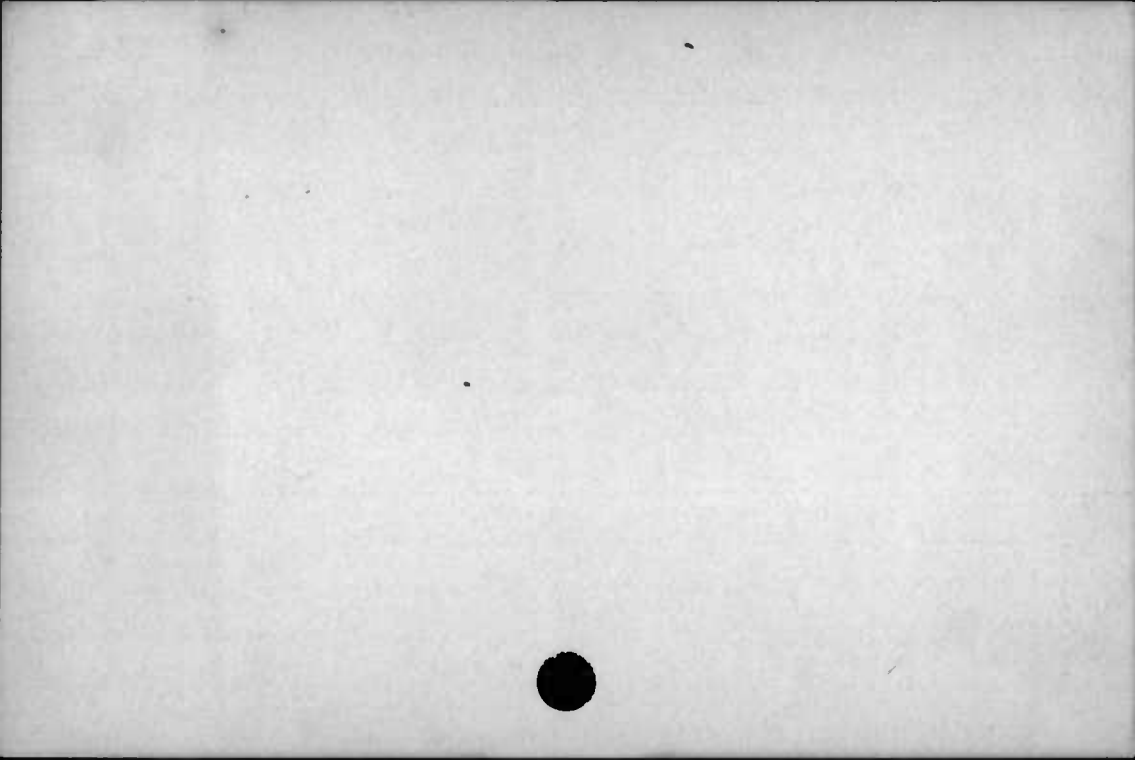
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Loch Raven</i>		Town <i>Loch Raven</i>		County <i>Balto</i>		MARYLAND	
Date of death	<i>1903</i>	Month <i>Dec.</i>	Day <i>25</i>	Age <i>79</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>				
Occupation <i>-</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>L A Keyser</i>						
Father's Name <i>William McCormac</i>	Father's Birthplace <i>Baltimore</i>						
Mother's Maiden Name <i>Ellen Fortt</i>	Mother's Birthplace <i>Balto County</i>						
Name of person giving information <i>Thurmon Clayton</i>	How related to deceased <i>Son in Law</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>Some months</i>
Immediate <i>Failure of Vital Forces</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lingar &amp; DeWittford</i>
	Address <i>Parkville, Balto. Co. Md.</i>
Accident or Suicide? <i>-</i>	



Name  
in  
Full

Hannah Gorsuch Kirkwood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Shane</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Dec.</u>	Day <u>21</u>	Age <u>73</u> <small>Years</small>	Months <u>1</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Widow</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Widow of Henderson Kirkwood</u>					
Father's Name <u>Samuel Meredith</u>	<u>104</u>	Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Balinde Gorsuch</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Gertrude Birmingham</u>		How related to deceased <u>daughter</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Gastritis</u>	How long <u>two months</u>
Immediate <u>Gastritis</u>	How long <u>two months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. Millard Stirling,</u>
	Address <u>Shane &amp; Md.</u>
Accident or Suicide?	



Name  
in  
Full

83

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Henry Klausmeier</i>		Town <i>Kingsville</i>		County <i>Balto</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1903 Dec.</i>		Day <i>31</i>		Age <i>82</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>		Months	
Occupation <i>Farmer</i>		Where Residing if not at place of death		Months		Days	
Married, Single or Widowed		Name of Wife or Husband <i>Elle. Noia Klausmeier</i>		Father's Name		Father's Birthplace	
Mother's Maiden Name		79		Mother's Birthplace		How related to deceased	
Name of person giving Information							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>		How long <i>1 month</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John S. Green</i>	
		Address <i>Gettysburg, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Mrs Mary W. Klueter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catoonsville</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>December</i>	Day <i>18th</i>	Age <i>73</i>	Years	Months	Days	
Sex <i>F</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Married, Single or Widowed			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>?</i>							
Father's Name <i>-</i>				Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>-</i>				Mother's Birthplace <i>-</i>			
Name of person giving information <i>Dr. A. J. Gundry</i>				How related to deceased <i>-</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility. Been in poor health for years</i>	How long
Immediate	<i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Signat. J. Gundry M.D.</i>
		Address <i>"Kithol" Catoonsville Md.</i>
Accident or Suicide? <i>No</i>		

Dr Matthfeld

Mannt Carmel

H Sander Sons



Name  
in  
Full

Ellenelia Knight

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrow Point</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1903</i>	<i>Dec.</i> <sup>Month</sup>	<i>29th</i> <sup>Day</sup>	Age <i>27</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Virginia</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Sparrow Point</i>				
Married, Single or Widowed <i>Married</i>	Name of <del>Wife</del> or Husband <i>Truly Knight</i>				
Father's Name <i>Alexander Thomas</i>	Father's Birthplace <i>Va</i>				
Mother's Maiden Name <i>Sallie Johnson</i>	Mother's Birthplace <i>Va</i>				
Name of person giving Information <i>Truly Knight</i>	How related to deceased <i>husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright Disease</i>	How long <i>1 year</i>
Immediate <i>Mitral regurgitation</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. C. Mc Cormick M.D.</i>
	Address <i>Sparrow Point Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

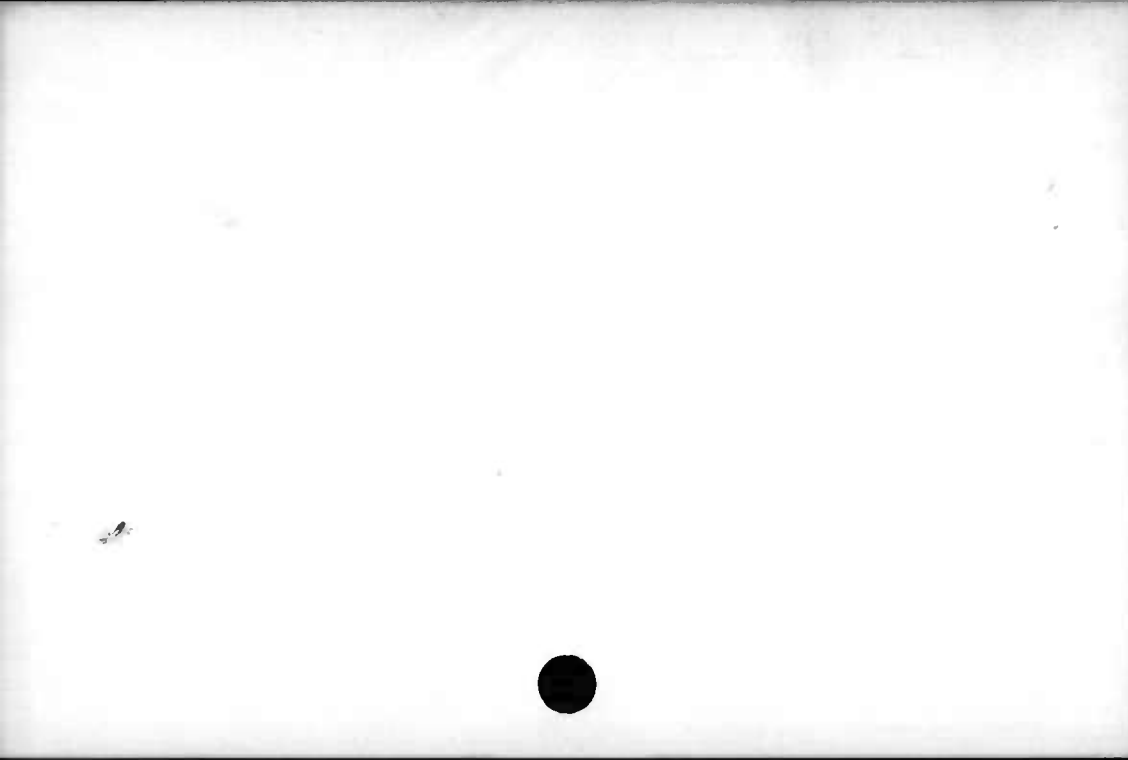
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lauraville</i> Town <i>Back</i> County		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>15</i>	Age <i>66</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>	
Occupation <i>Produce business</i>	Where Residing if not at place of death <i>Lauraville</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Julius H. Knox</i>		
Father's Name <i>Tredk Reuter</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Cath</i>	Mother's Birthplace <i>"</i>		
Name of person giving Information <i>Daisy Knox</i>	How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>acute bronchitis &amp; grip</i>	How long <i>2 weeks</i>
Immediate <i>Heart weakness</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm D. Cize</i>
	Address <i>Gordonsville</i>
Accident or Suicide?	<i>no</i>



Name  
in  
Full

Ferdinand Krummelbein

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Canton		County		BALDWIN		MARYLAND	
Date	of death	190	3	Dec	4	Age	36	Months	Days
Sex	male		Color or Race	white		Birthplace	Germany		
Married, Single or Widowed	Married		Occupation	Baker					
Name of Wife or Husband	Freida Krummelbein								
Father's Name	—						Father's Birthplace	—	
Mother's Maiden Name	—						Mother's Birthplace	—	
Name of person giving information	—						How related to deceased	—	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	School	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Coroner John G. Muelly
		Address	216 Edmond St
Accident or Suicide?			

Holy Redeemer

Dec 4<sup>th</sup> 1903

Jno. E. Stevens  
Undertaker

Name  
in  
Full

Chas D. Landerkin

## CERTIFICATE OF DEATH

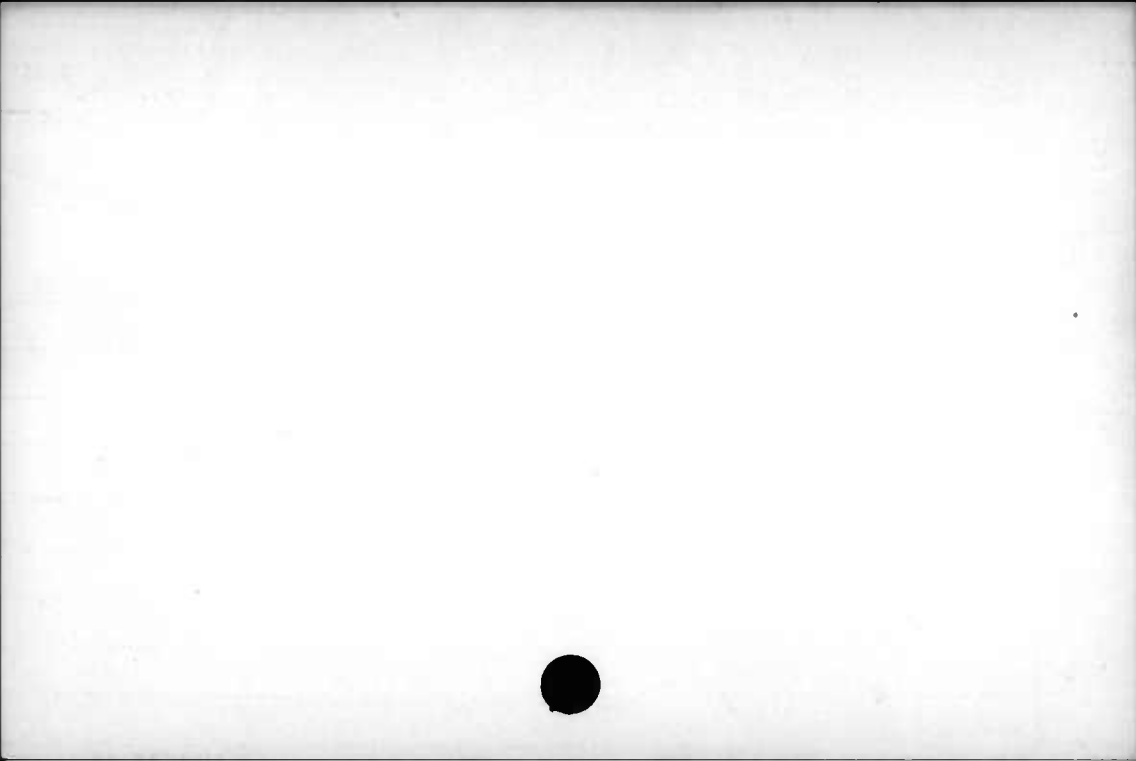
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gardenville</u> <sup>Town</sup>		<u>Baets</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>Dec</u> <sup>Month</sup>	<u>5</u> <sup>Day</sup>	Age <u>42</u> <sup>Years</sup>	<u></u> <sup>Months</sup>	<u></u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Fredk P. ny</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>Clerk</u>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm D. Core</u>
<u>Suicide</u>		Address <u>Gardenville</u>
Accident or Suicide?		<u>end.</u>





Name  
in  
Full

Robert Lee

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Towson</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>28</i>	Age <i>15</i> <sup>Years</sup>	Months	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Towson Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Small Gardener</i>			
Name of Wife or Husband					
Father's Name <i>Chas W Lee dec'd</i>			Father's Birthplace <i>Towson</i>		
Mother's Maiden Name <i>Mary I. Carr</i> <i>93</i>			Mother's Birthplace <i>Towson</i>		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>nine days</i>
Immediate <i>Exhaustion</i>	How long <i>or</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo St Swoboda</i>
	Address <i>Sta H. Baltimore Md.</i>
Accident or Suicide?	



Name  
in  
Full

Lewis, Sarah

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Eatonville</u> <sup>Town</sup>		<u>Baths</u> <sup>County</sup>		MARYLAND	
Date of death <u>1903</u>	<u>Dec</u> <sup>Month</sup>	<u>23</u> <sup>Day</sup>	<u>80</u> <sup>Age</sup>	<u>80</u> <sup>Months</sup>	<u>0</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>X</u>				
Father's Name <u>X</u>	Father's Birthplace <u>X</u>				
Mother's Maiden Name <u>X</u>	Mother's Birthplace <u>X</u>				
Name of person giving Information <u>X</u>	How related to deceased <u>X</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senile Dementia</u>	How long <u>54 years.</u>
Immediate <u>Chronic Interstitial Nephritis</u>	How long <u>6 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. S. R. Wade</u>
	Address <u>Eatonville, Ind.</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ilchester</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>24</i>	Age	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Unknown S.</i>			Father's Birthplace		
Mother's Maiden Name <i>Mary Lloyd</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Mother</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pneumonia Bont</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas M. B. Rogers M.D.</i>
<i>Ilchester</i>	Address <i>Ilchester City Md</i>
Accident or Suicide?	



Name  
in  
Full

William Howard Lloyd

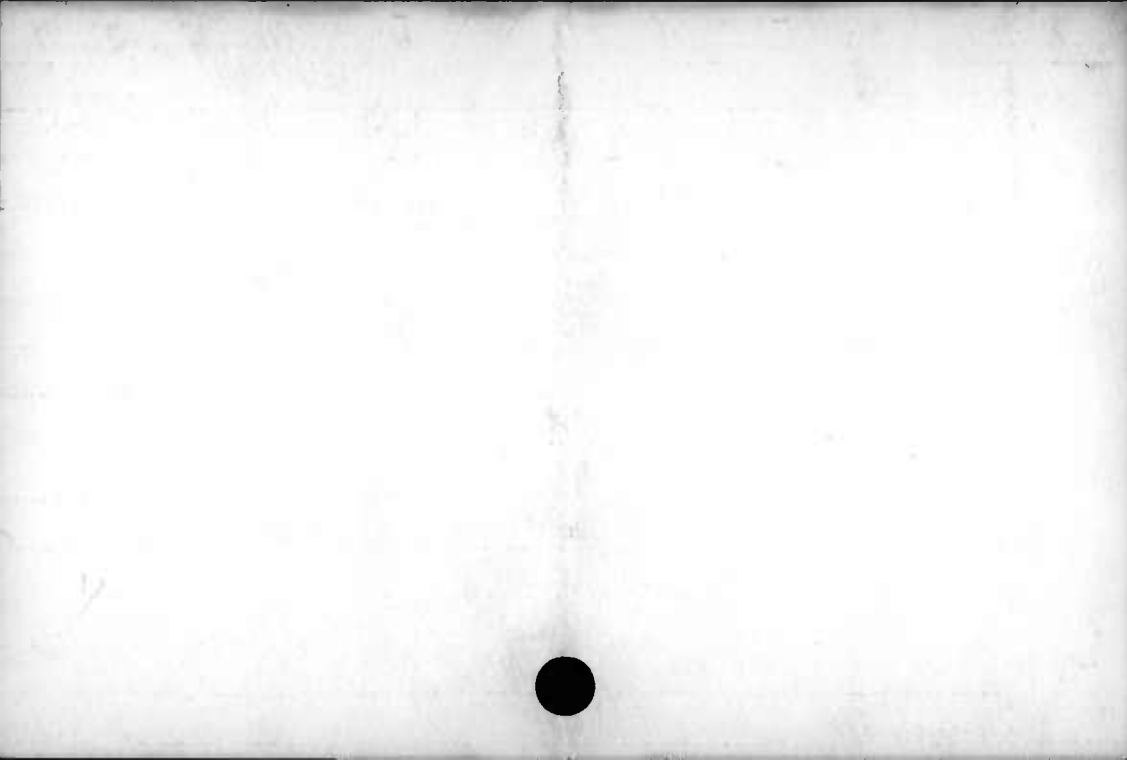
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Forreston</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>12</u>	Day <u>15</u>	Age	Years <u>1</u>	Months <u>8</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Forreston</u>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Samuel Lloyd</u>			Father's Birthplace <u>Rayville Md</u>		
Mother's Maiden Name <u>Ella Bankhitz</u>			Mother's Birthplace <u>Backleysville</u>		
Name of person giving Information <u>Samuel E Lloyd</u>			How related to deceased <u>father</u>		

## CAUSES OF DEATH

Primary <u>Inanition</u>	How long <u>3 wks</u>
Immediate <u>convulsions</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. R. S. H. D.</u>
	Address <u>Backleysville Md</u>
Accident or Suicide?	





Name  
in  
Full

Maggie Loane

## CERTIFICATE OF DEATH

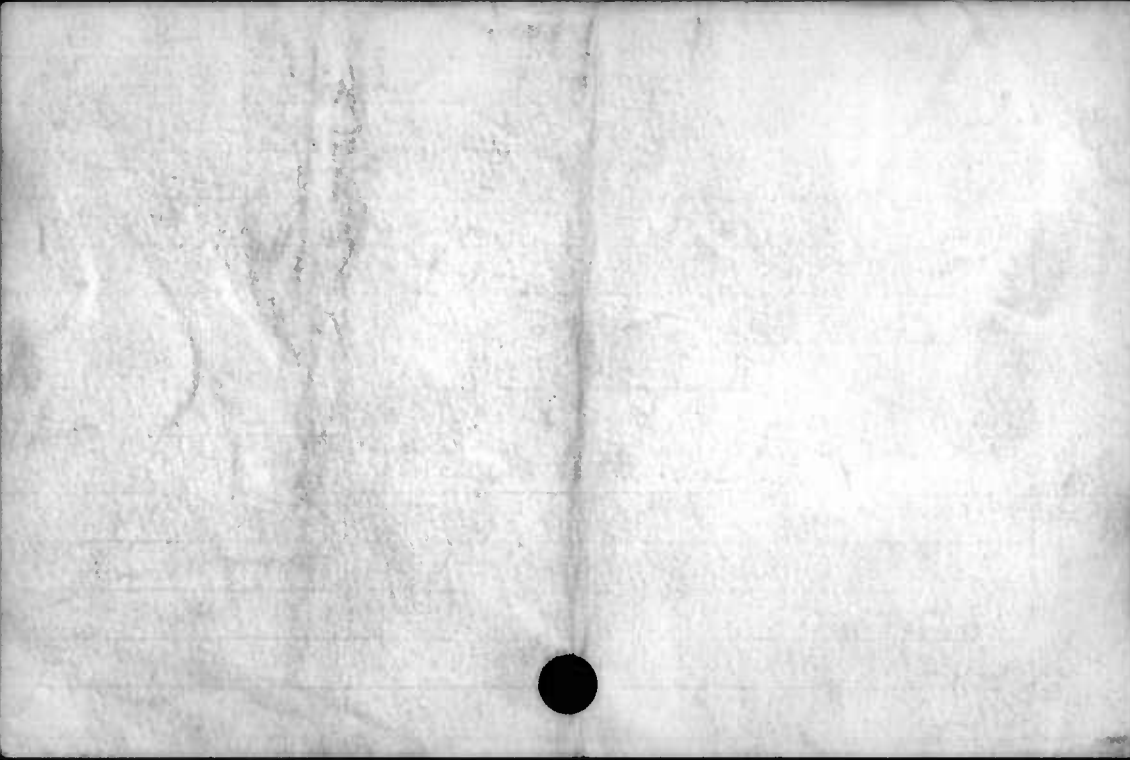
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belleville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>13</i>	Age	Years	Months <i>7 weeks</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto Co, Md</i>				
Married, Single or Widowed <i>Infant</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Asbury Loane</i>		Father's Birthplace <i>Balto Md</i>					
Mother's Maiden Name <i>Susie Hartman</i>		Mother's Birthplace <i>Balto</i>					
Name of person giving information <i>Susie Loane</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Natural Causes</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Wm. H. Williams</i>	
		Address <i>Ant Union Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

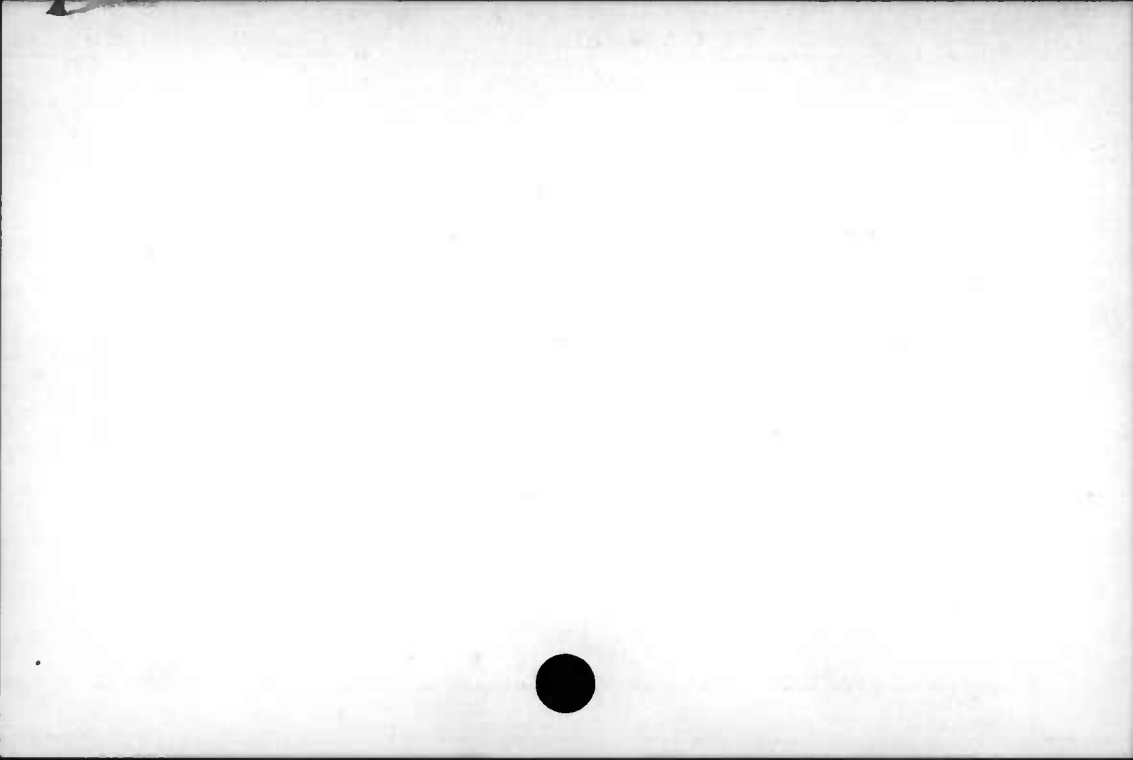
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charles Schman</i>		Town <i>St. Agnes'</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Sanitarium</i>		Month <i>12</i>		Day <i>16</i>		Years <i>46</i>	
Date of death 1903		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>Barber</i>			
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>		How long	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. H. Brown M.D.</i>	
		Address <i>1938 Auden Ave</i>	
		<i>Baltimore Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Arlie McCulloh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Mt Hope Retreat* <sup>Town</sup> *Baltimore* <sup>County</sup>Date of death *1903* <sup>Month</sup> *Dec* <sup>Day</sup> *2nd* <sup>Years</sup> *28* <sup>Months</sup> <sup>Days</sup>Sex *Female* Color or Race *White* Birth-placeOccupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information *Rec'ds Mt Hope Retreat*How related to deceased *None*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Epilepsy -*How long *For years*Immediate *Ex Status Epilepticus*How long *abt a month*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Stewart Mowen  
218 Parkover  
Baltimore Md.

Place of Burial

Frostburg Allegany Co  
Md.

Name  
in  
Full

Mangum, Thomas H.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catonsville</u> <sup>Town</sup> <u>Patto</u> <sup>County</sup>		MARYLAND	
Date of death <u>1903</u> <sup>Month</sup> <u>Dec</u> <sup>Day</sup> <u>22</u> <sup>Years</sup> <u>58</u>	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Ind.</u>	
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X</u>		
Father's Name <u>Elley Mangum</u>	Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Mrs Crook</u>	Mother's Birthplace <u>Ind.</u>		
Name of person giving Information <u>John L. Smith</u>	How related to deceased <u>Queen</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senile Dementia</u>	How long <u>12 mos</u>
Immediate <u>Exhaustion</u>	How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. H. K. Hude</u>
<u>no</u>	Address <u>Catonsville</u>
Accident or Suicide? <u>no</u>	





Name  
in  
Full

Edward Taylor Matthews

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> <i>Wt Washington</i>		<sup>County</sup> <i>Baltimore</i>	
Date of death <i>190</i>	Month <i>Dec</i>	Day <i>31</i>	Age <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Wt Washington</i>	Months <i>8</i> Days <i>18</i>
Occupation <i>Infant</i>	Where Residing if not at place of death <i>1 1/2</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>J. A. Matthews</i>	Father's Birthplace <i>Wt. Md.</i>		
Mother's Maiden Name <i>W. J. Taylor</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving Information <i>J. A. Matthews</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery - Membranous Comp.</i>	How long <i>24 hrs</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Butler M.D.</i>
	Address <i>Wt Washington Md.</i>
Accident or Suicide? <i>?</i>	

A S Marshall

3539 Fall Road

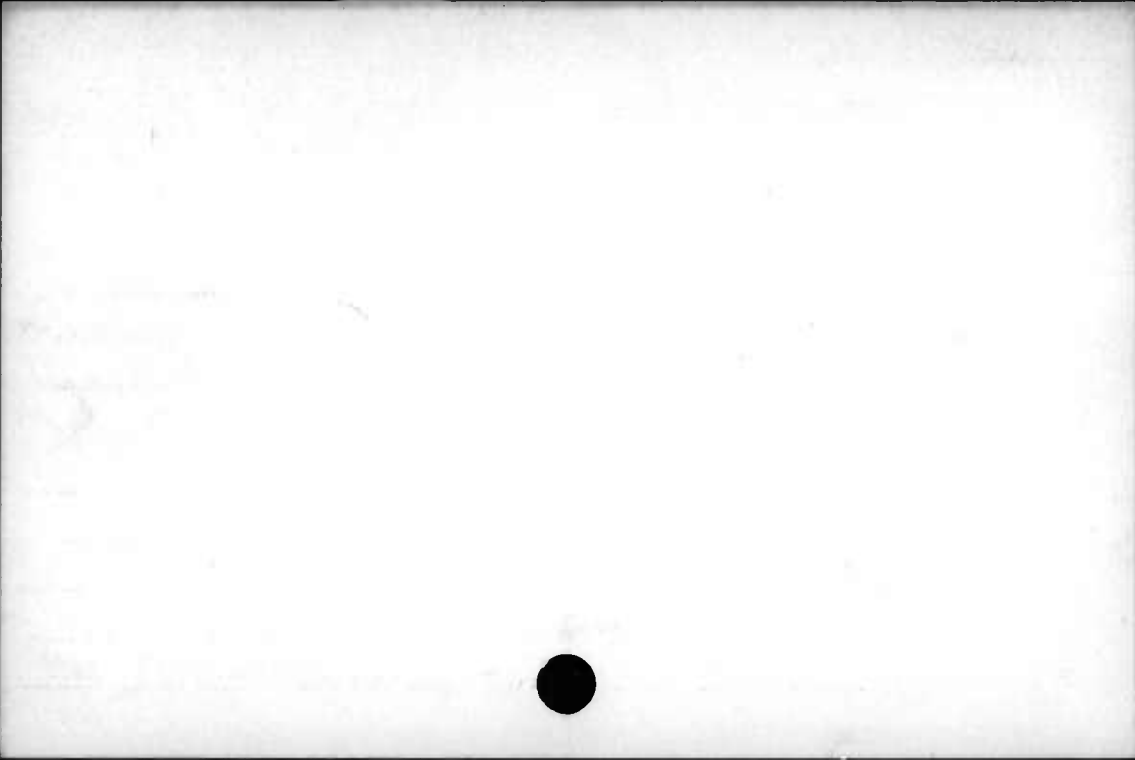
New Market

Name in Full <b>Olivia Eugenia Mays</b>		Town <b>Hereford</b>		County <b>Baltimore</b>		CERTIFICATE OF DEATH	
Died at <b>Hereford</b>		MAYLAND					
Date of death 190 <b>3</b>		Month <b>12</b>		Day <b>8</b>		Age <b>37</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Hereford</b>		Months <b>8</b>	
Married, Single or Widowed <b>Married</b>		Occupation <b>Housewife</b>					
Name of Wife or Husband <b>John Traub Mays</b>		Father's Name <b>Jacob Ouel</b>		Father's Birthplace <b>Baile Co.</b>			
Mother's Maiden Name <b>Martha Tracey</b>		Mother's Birthplace <b>Baile Co.</b>		How related to deceased <b>Daughter</b>			
Name of person giving information <b>Dora Eugenia Mays</b>							

CAUSES OF DEATH			
Primary <b>Septicemia</b>		How long <b>Four weeks</b>	
Immediate <b>Heart Failure</b>		How long <b>36 hours</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>A. R. Mitchell</b>	
		Address <b>Mounton, Md.</b>	
Accident or Suicide? <b>No</b>		<b>R. F. D. No. 7</b>	



Name in Full		Margaret Milburn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Catonsville		County		MARYLAND	
	Date of death 1903	Month Dec	Day 12	Years 66	Months 6	Days —	
	Sex	Female		Color or Race	White		Birth-place Maryland
	Married, Single or Widowed	Widow		Occupation none			
	Name of Wife or Husband	John Milburn					
	Father's Name	Richard B Bouldeau				Father's Birthplace	Maryland
	Mother's Maiden Name	Mary A Harrington				Mother's Birthplace	Schawore
Name of person giving information	Mary E Milburn				How related to deceased	Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Bright's Disease				How long	1 year
	Immediate	Exhaustion				How long	2 months
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. Percy Wade MD
	Accident or Suicide?	No				Address	Catonsville, Md



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

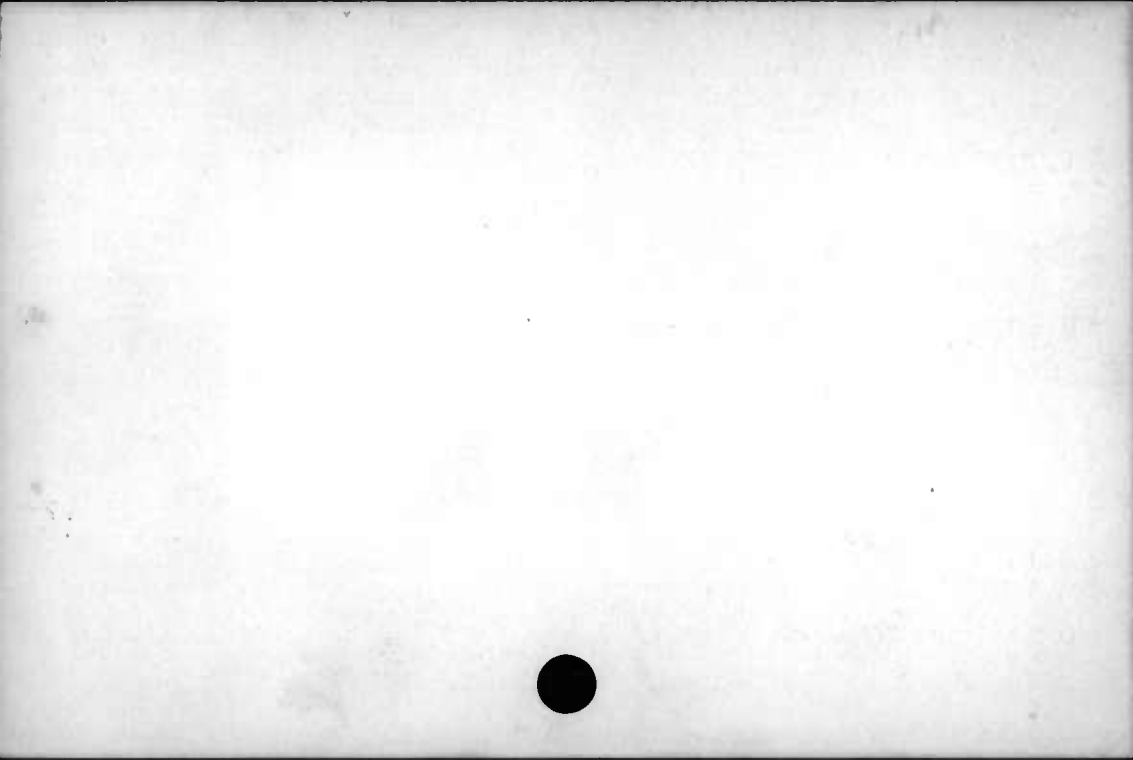
MARYLAND

Died at		Town		County	
West Liberty		Baltimore			
Date	Month	Day	Years	Months	Days
of death 190	Dec	25	Age 72	3	5
Sex	Female	Color or Race	White	Birth-place	Harford Co
Married, Single or Widowed	Married		Occupation		
Name of Wife or Husband	John Miller				
Father's Name	James Thompson			Father's Birthplace	Harford Co
Mother's Maiden Name	Sarah Gladden			Mother's Birthplace	Harford Co
Name of person giving information	J. L. F. Miller			How related to deceased	Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Gastritis - Mitral Regurgitation	How long	Forty years
Immediate	Edema - Syncopal	How long	Three months
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Eugene M. Free	
Address		Stewartstown Pa	
Accident or Suicide?			





TO BE ANSWERED BY NEAREST FRIEND	Name in Full <i>Thomas Miller</i>		Town <i>Berean</i>		County <i>Baltimore</i>		CERTIFICATE OF DEATH	
	Died at						MARYLAND	
	Date of death 1903	Month <i>Dec</i>	Day <i>27</i>	Age <i>71</i>	Years	Months	Days	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Co. Md.</i>				
	Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer</i>				
	Name of Wife or Husband <i>Margaret Miller</i>							
	Father's Name <i>Robert Miller</i>				Father's Birthplace <i>Baltimore Co. Md.</i>			
	Mother's Maiden Name <i>Meayes</i>				Mother's Birthplace " "			
Name of person giving information <i>Children</i>				How related to deceased <i>154</i>				

		CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	<i>Failure incident to age</i>			How long <i>—</i>
	Immediate	<i>Congestion of Kidneys</i>			How long <i>3 days</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	<i>Yes</i>		<i>B F Price M D</i>		
			Address <i>Mt Carmel</i>		
Accident or Suicide?					



Name

in  
Full

Jennie Mills -

## CERTIFICATE OF DEATH

MARYLAND

Died at *Mt Hope Retreat* <sup>Town</sup> *Baltimore* <sup>County</sup>Date of death *1903* <sup>Month</sup> *Dec* <sup>Day</sup> *11<sup>th</sup>* <sup>Years</sup> *54* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Female* Color or Race *White* Birth-place *Baltimore*Occupation *—* Where Residing if not at place of death *Baltimore Md*Married, Single or Widowed *Married* Name of Wife or Husband *—*Father's Name *—*Father's Birthplace *—*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving Information *Recd. Mt Hope Retreat*How related to deceased *Niece*

## CAUSES OF DEATH

Primary *Mania Chronic*How long *—*Immediate *Ex - Convulsions*How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Frank J. Flannery*Address *Mt Hope Retreat -  
Baltimore Md -*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Carl Neal

CERTIFICATE OF DEATH

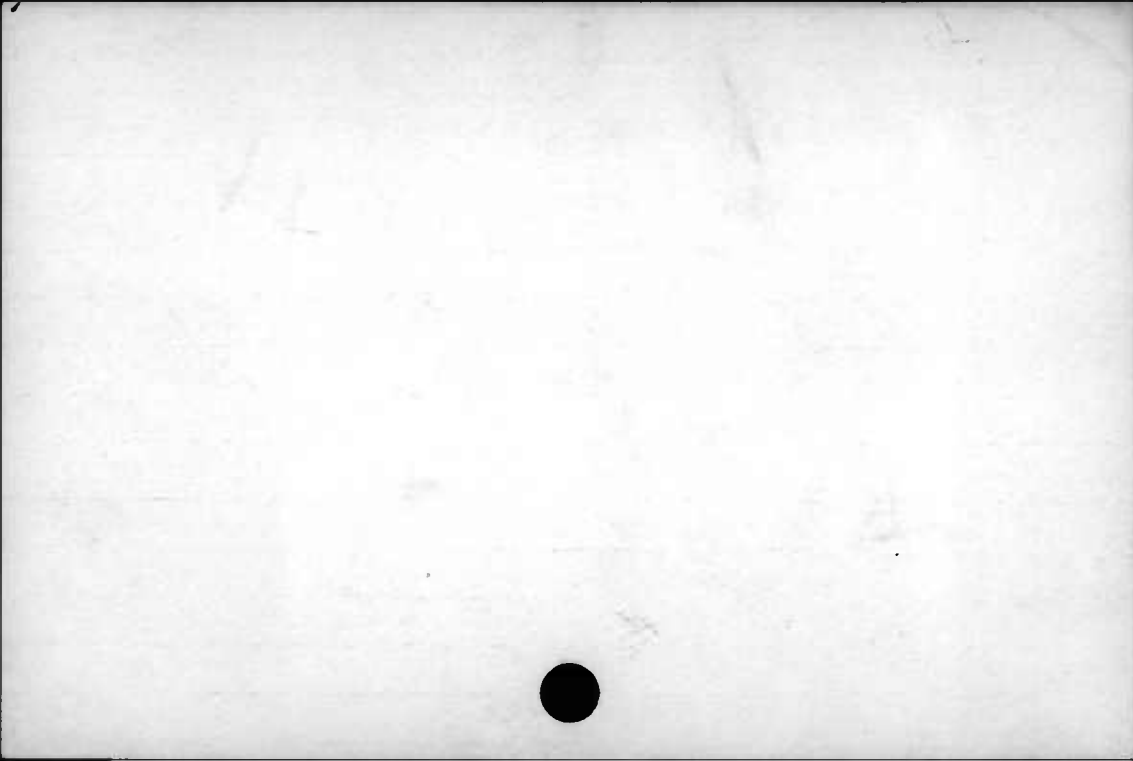
TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>on</del> <i>drowned</i> <i>from motor car</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death 190	3	Month <i>Dec</i>	Day <i>6<sup>th</sup></i>	Age <i>17</i>	Years <i>1</i> Months <i>27</i> Days
Sex <i>Boy</i>	Color or Race <i>White</i>		Birth-place <i>Balto md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Leath</i>			
Name of Wife or Husband					
Father's Name <i>Joseph H. Neal</i>			Father's Birthplace <i>Balto md</i>		
Mother's Maiden Name <i>Mattie E. Neal</i>			Mother's Birthplace <i>Hartford Co md</i>		
Name of person giving Information <i>Forest Neal</i>			How related to deceased <i>Bro</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<del>Poisoning</del>		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>James H. Gibson J.P.</i>
		Address <i>Chase md</i>
<i>drowning</i>		
Accident <del>or</del> <i>Swindle?</i>		



Name  
in  
Full

Mary Nickel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		Baltimore Co.		MARYLAND	
Date	1903	Month	Dec	Day	5th	Age	Years	Months	3 weeks
Sex		Female		Color or Race		white		Birth-place	
Occupation				Where Residing if not at place of death		Shell Rd, Balt Co.			
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		George Nickel		105		Father's Birthplace		Germany	
Mother's Maiden Name		Annie Thompson				Mother's Birthplace		Balt. Md	
Name of person giving information		George Nickel				How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intestinal Colic		How long	1 day
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Henrietta C. Offutt</i>		Town <i>St. Agnes'</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>St. Agnes' Hospital</i>		Month <i>12</i>		Day <i>18</i>		Years <i>74</i>	
Date of death <i>1903</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name		64.		Father's Birthplace			
Mother's Maiden Name		64.		Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Atherosclerosis</i>	How long
Immediate <i>Depression</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. H. Brown M.D.</i>
	Address <i>1938 Linden Ave</i>
	<i>Baltimore Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

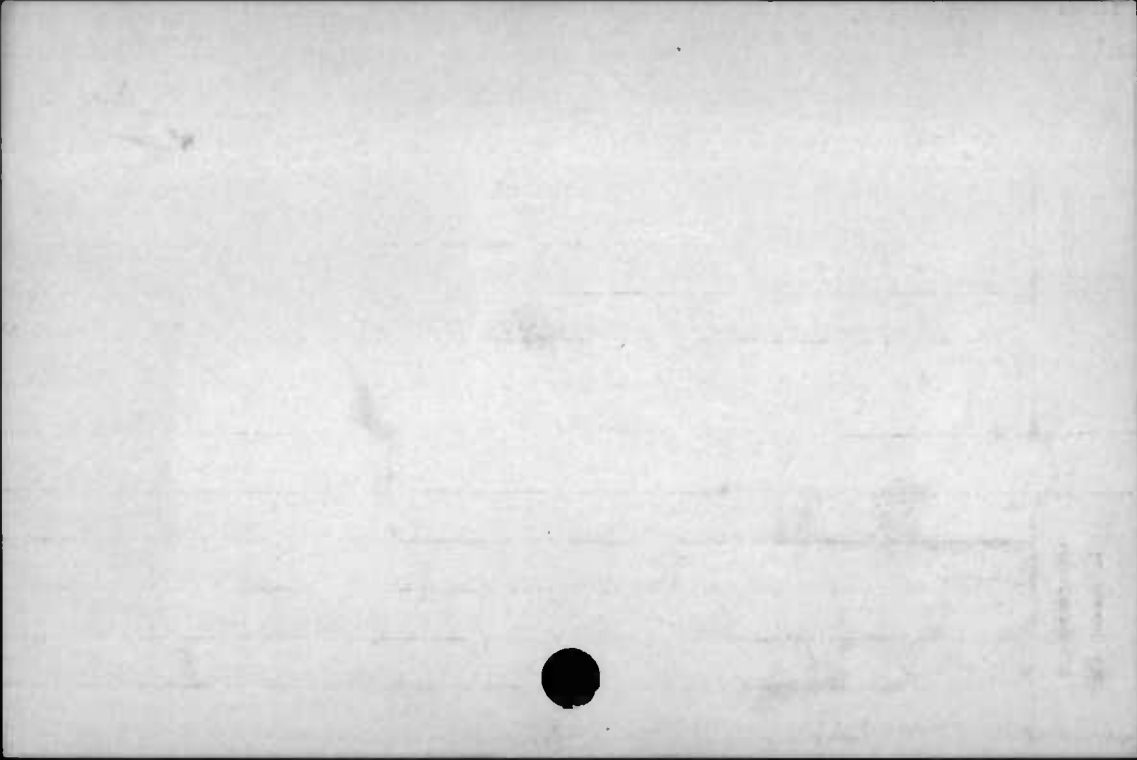
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Chas. H. Oglesby</i>		Town <i>Spinn's Point</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1903 Dec. 31</i>		<i>2</i>		<i>9</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Spinn's Point</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Chas. H. Oglesby</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Lillian Mathis</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Wm. Oglesby</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>4 weeks</i>
Immediate	<i>Inanition</i>	How long	<i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. Le Elder. M.D.</i>	
		Address <i>Spinn's Point</i>	
<del>Accident or Suicide?</del>			



Name  
in  
Full

Thomas O'Donnell Loughlin

## CERTIFICATE OF DEATH

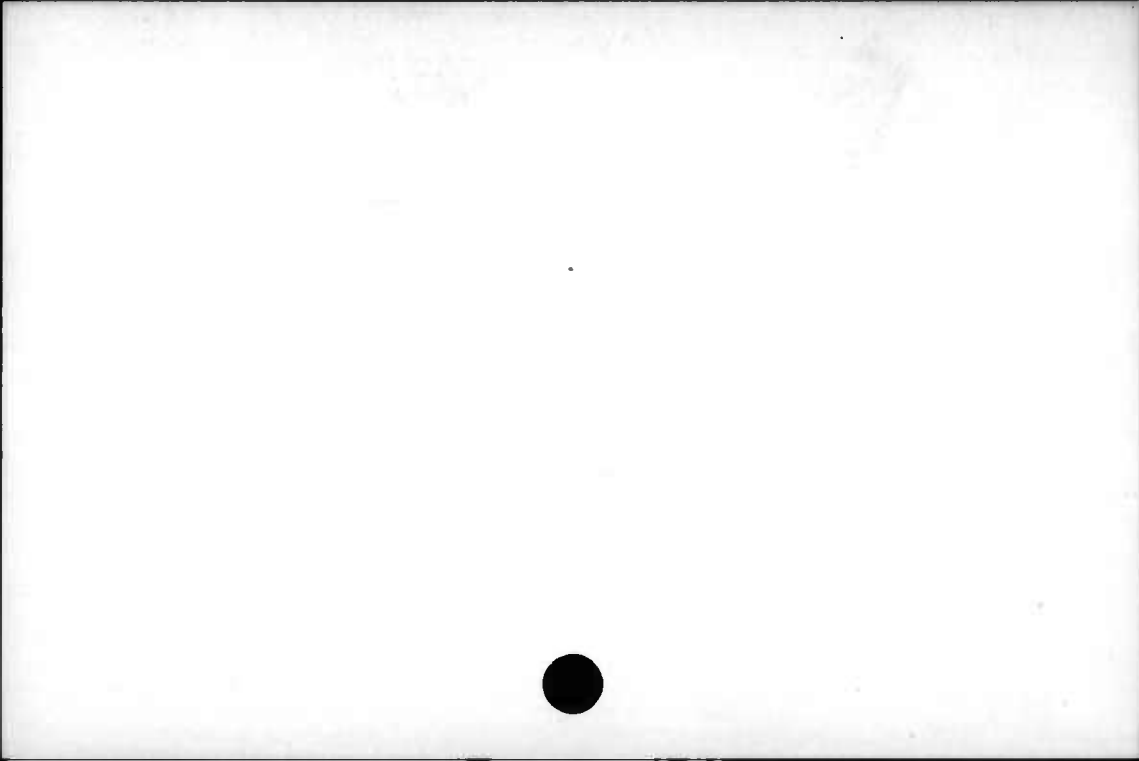
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County <i>Co</i>		MARYLAND	
Date of death	<i>1903</i>	Month <i>Dec</i>	Day <i>9th</i>	Years <i>52</i>	Months	Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ireland -</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>ISB</i>			Father's Birthplace	<i>Ireland</i>		
Mother's Maiden Name	<i>ISB</i>			Mother's Birthplace	<i>"</i>		
Name of person giving Information	<i>Rec'ds Mt Hope</i>			How related to deceased	<i>"</i>		

## CAUSES OF DEATH

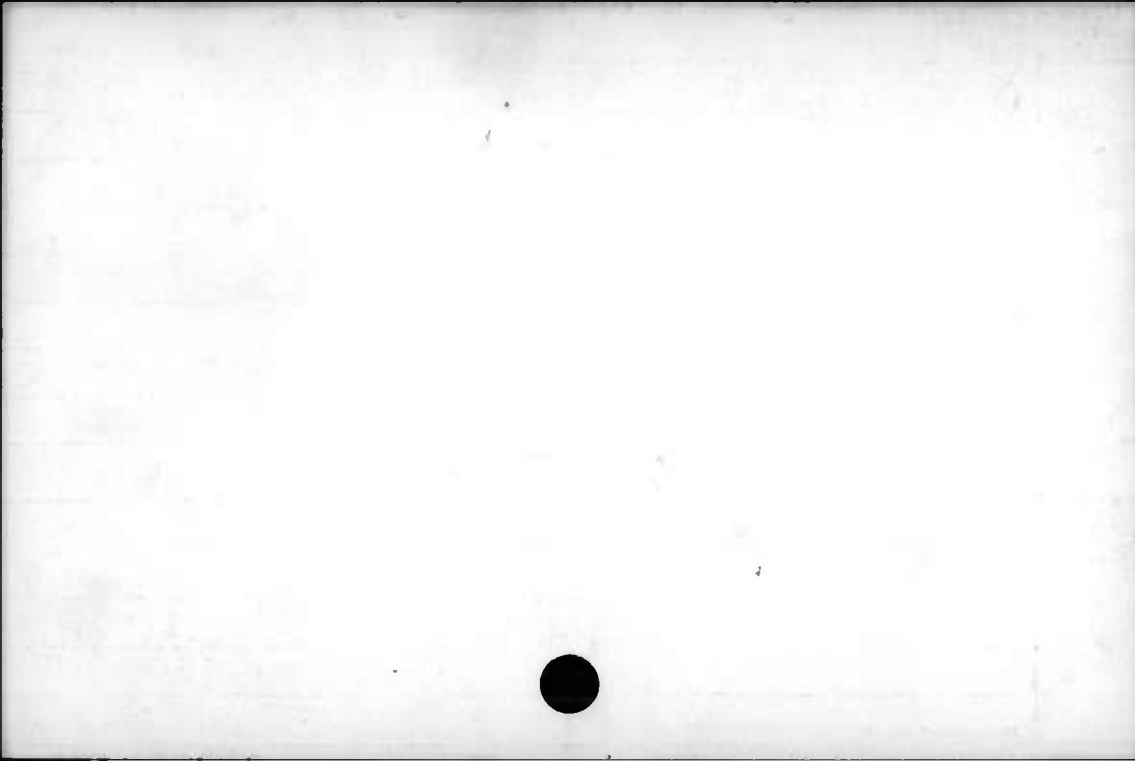
PHYSICIAN  
OR CORONER

Primary	<i>Dementia acuta</i>		How long	<i>3 mos -</i>
Immediate	<i>Ex - Central Congestion</i>		How long	<i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank J. Flannery</i>		
<i>yes</i>		Address <i>Mt Hope Retreat -</i>		
Accident or Suicide?		<i>Mt Hope</i>		



Name in Full		Mary fahl				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town		County		MARYLAND		
		Lomberton		Calto				
		Date of death 190	Month	Day	Age	Years	Months	Days
		3	Dec	30 <sup>th</sup>	68			
		Sex	Female	Color or Race	White	Birth- place	Germany	
Married, Single or Widowed		Widow		Occupation		House-works		
Name of Wife or Husband		Harry fahl						
Father's Name		Henry Mayerhoff		93		Father's Birthplace		
Mother's Maiden Name		Mary Mayerhoff				Mother's Birthplace		
Name of person giving In formation		A. C. Linnick				How related to deceased		
						None		

CAUSES OF DEATH			
Primary		Infirmitie of Age	
Immediate		Pneumonia	
How long		—	
How long		1 week	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. C. Linnick	
		Address	
		Lomberton	
Accident or Suicide?		—	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town <i>Sparrow's Pt.</i>		County <i>Balto</i>	
Date of death	1903	Month <i>Dec.</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>		Color or Race <i>Col</i>		Birth-place <i>Sparrow's Pt.</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Chas Parks</i>		93		Father's Birthplace <i>Va</i>	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information <i>Chas. Parks</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Hodges M.D.</i>	
<i>yes</i>		Address <i>Sparrow's Point Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Rebecca H. Perchard

## CERTIFICATE OF DEATH

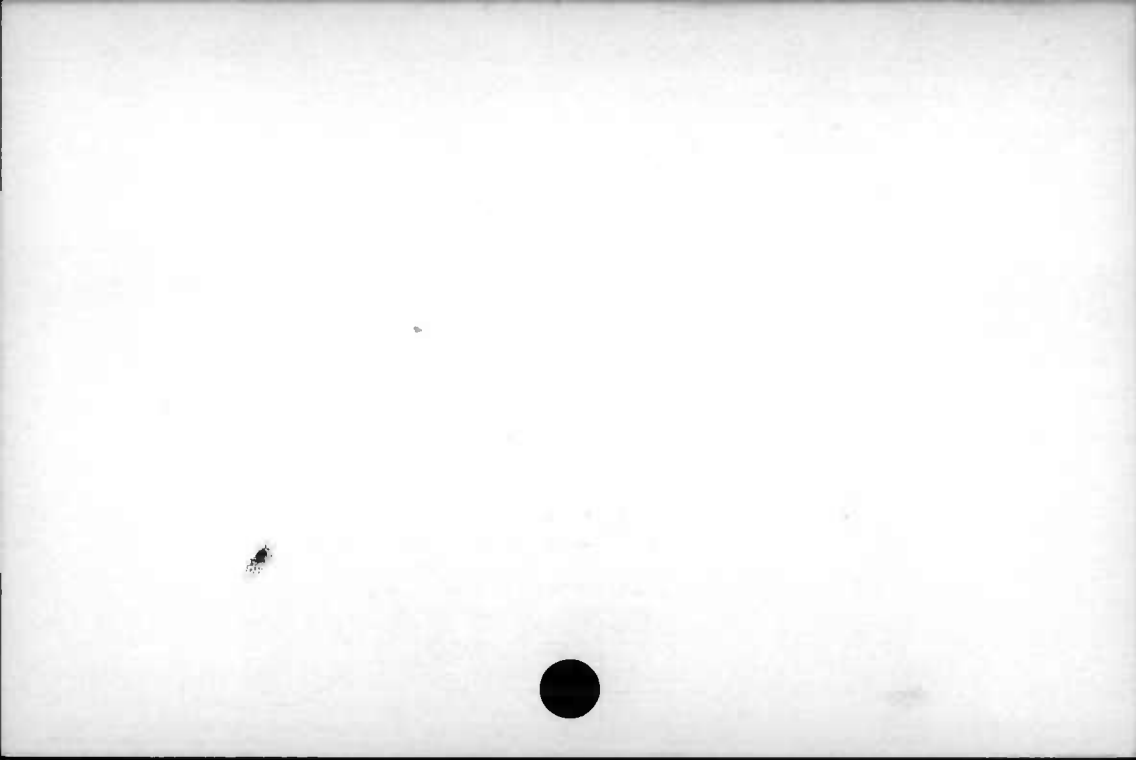
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Parkersville</i> <sup>Town</sup>		<i>Balt</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>26</i>	Age	Years	Months <i>1</i> Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balt</i>		
Married, Single or Widowed <i>---</i>			Occupation <i>---</i>		
Name of Wife or Husband					
Father's Name <i>Wm Perchard</i>			Father's Birthplace <i>Balt Co</i>		
Mother's Maiden Name <i>Emma Maul</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Wm O Perchard</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo J Cora M.D.</i>
	Address <i>Parkersville</i>
Accident or Suicide?	<i>no</i>



Name  
in  
Full

Richard C. Reid

## CERTIFICATE OF DEATH

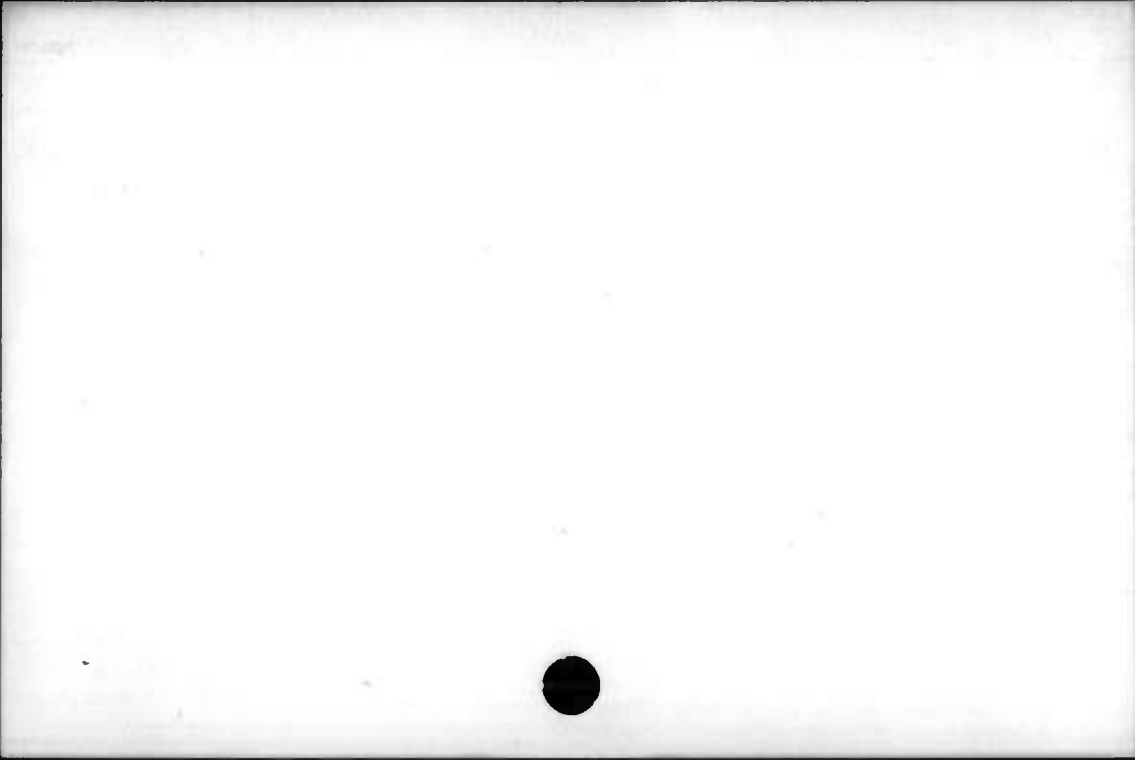
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Catonsville		County		Baltimore		MARYLAND				
Date of death	1903	Month	Dec.	Day	29	Years	Age	55	Months	Y	Days	X
Sex	male		Color or Race	white		Birth-place	X					
Occupation	Clerk		Where Residing if not at place of death		X							
Married, Single or Widowed	Single		Name of Wife or Husband	Mrs. Grace Reid								
Father's Name	X		Father's Birthplace	X								
Mother's Maiden Name	X		Mother's Birthplace	X								
Name of person giving Information	14.		How related to deceased	X								

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Post Apoplectic Insanity	How long	2 years
Immediate	Cerebral Hemorrhage	How long	10 hours
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	J. Percy Wade M.D.		
Address	Md. Hosp. for Insane		
Accident or Suicide?	neither		
	Catonsville, Md.		



Name in Full		<i>Still Born</i>				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Canton</i>		Town		<i>Baltimore</i>		County
	Date of death 190 <i>3</i>		Month <i>12</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
	Sex <i>Girl</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
	Married, Single or Widowed <i>—</i>				Occupation <i>—</i>		
	Name of Wife or Husband <i>—</i>						
	Father's Name <i>William Reynolds</i>				Father's Birthplace <i>Balto</i>		
	Mother's Maiden Name <i>Amelia Reichardt</i>				Mother's Birthplace <i>Balto</i>		
Name of person giving information <i>William Reynolds</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Not Known</i>				How long		
	Immediate <i>—</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>M. J. Mc. Garry M. D.</i>		
					Address <i>839 S. Canton St</i>		
	Accident or Suicide?						





Name  
in  
Full

## CERTIFICATE OF DEATH

Infant of Chas T &amp; Emma M Richardson

Town

County

Died at

Laureville

Baltimore

MARYLAND

Date

of death 190 3

Month

Dec

Day

10

Age

Years

Months

Days

Sex

male

Color or  
Race

W.C.

Birth-  
place

Married, Single

~~or Widow~~

Occupation

Name of Wife or  
HusbandFather's  
Name

Chas T Richardson

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Emma M Richardson

Mother's  
Birthplace

Baltimore

Name of person giving  
In formation

Mrs Emma May Richardson

How related  
to deceased

Mother

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary

Prolonged second stage of labor

How long

Immediate

Asphyxiation before birth

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

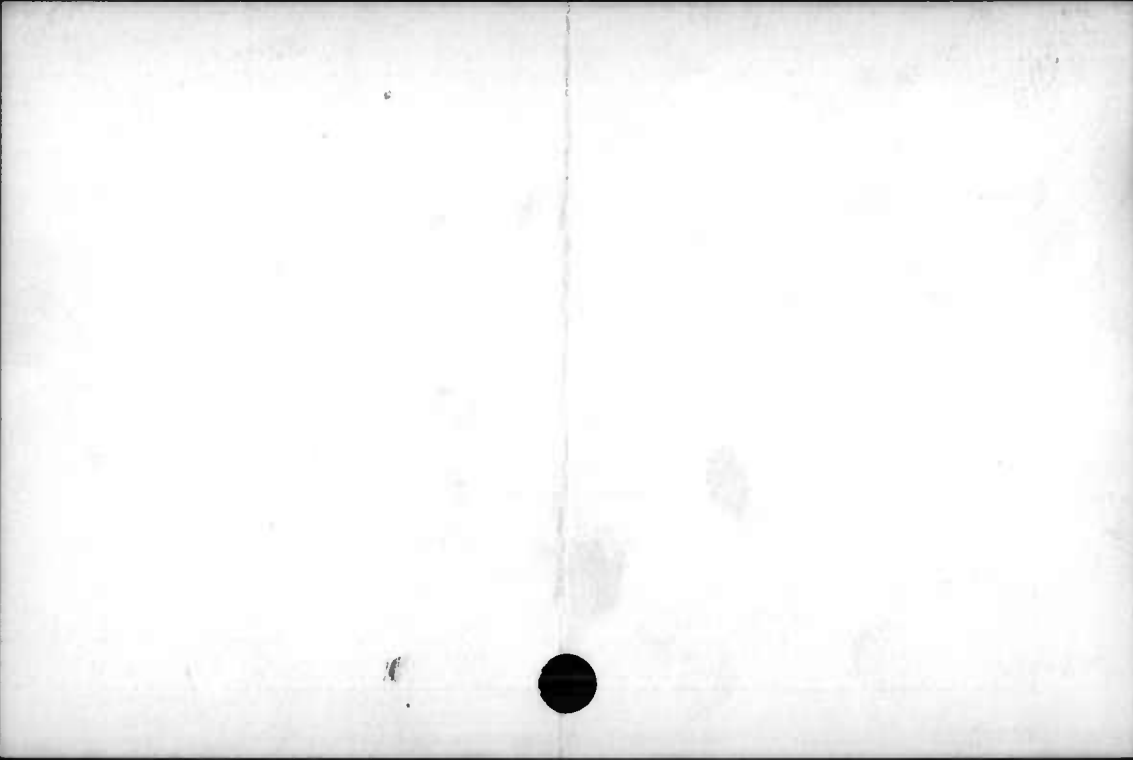
Address

J. Young. Westcott

237 Grosvenor Avenue  
Baltimore, Md.PHYSICIAN  
OR CORONER

Accident or Suicide?

Born dead



Name in Full

Certificate of Death

Luciana Rollins

Town

County

Died at

Chase

Baltimore

MARYLAND

Date 1903 12 18 Month Day Y. M. D. Native of Md Occupation  
 Male White Married Widower Divorced  
 Female Colored Single Number of children living

Husband of

Wife

Father's

Name

J. E. Rollins

Mother's

Name

Lucian Rollins

Cause of

Primary

Congestion of Lung.

How long sick

7 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. Otter

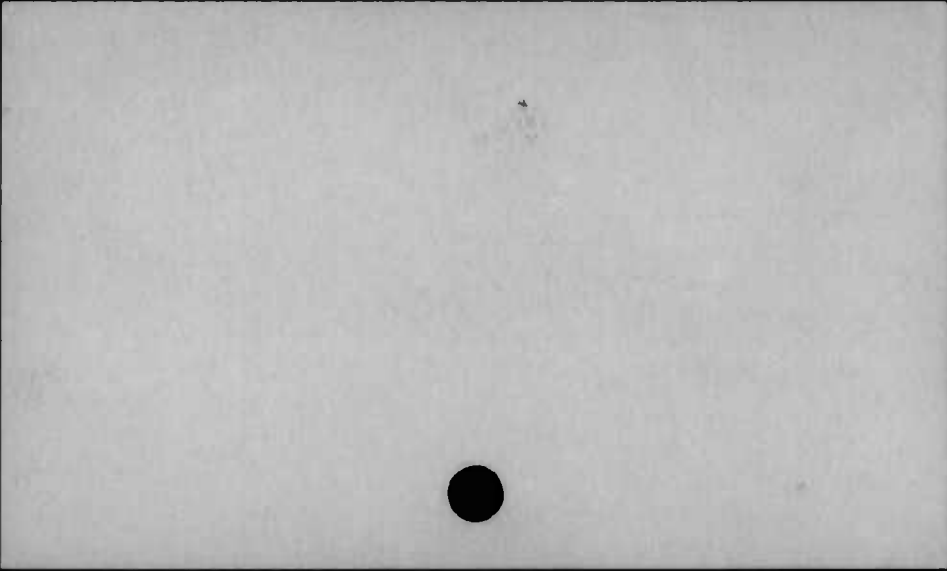
Address

Pryman

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069



Name  
in  
Full

*Louis Rosenberger*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Tamerville</i> Town		<i>Buch</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>Dec</i>	Day	<i>13</i>	Age
				<i>67</i> Years	Months
				<i>9</i>	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>grocer</i>			
Name of Wife or Husband <i>Lillie B Rosenberger</i>					
Father's Name <i>Leonard Rosenberger</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Eva</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mary Beard</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes</i>	How long <i>1 year</i>
Immediate <i>Emphysema of foot</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm D Fine</i>
	Address <i>Gardenville</i>
Accident or Suicide?	<i>no</i>



Name  
in  
Full

B. William Sanders

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>8</i>	Year <i>1903</i>	Age	Months	Days	<i>1/4 hour</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co. Md.</i>					
Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>						
Name of Wife or Husband <i>_____</i>							
Father's Name <i>Joseph Wm. Sanders</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Minnie Kroenung</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Joseph Wm. Sanders</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Compression of skull due to abnormal pelvis</i>	How long	<i>—</i>
Immediate	<i>Compression of cord in delivery</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Herman J. Gering M.D.</i>	
		Address <i>1937 Canton Ave.</i>	
Accident or Suicide?			

Holy Redeemer Cemetery

Dec. 8<sup>th</sup> 1903

Germanus France

Undertaker



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes Hospital</i> <sup>Town</sup> <i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>24</i>	Years <i>42</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Wash. D.C.</i>	Months Days 
Occupation <i>Janitor</i>	Where Residing if not at place of death <i>718 Clinton St</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>79</i>	How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>2 mos. about</i>
Immediate <i>exhaustion.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Brown M.D.</i>
	Address <i>1938 Linden Ave</i>
	<i>Baltimore Md</i>
Accident or Suicide?	



Name  
in  
Full

Arthur T Schad

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Roland Park</u> <sup>Town</sup>		<u>Ballo-</u> <sup>County</sup>		MARYLAND	
Date of death <u>1903</u>	<u>Dec.</u> <sup>Month</sup>	<u>13<sup>th</sup></u> <sup>Day</sup>	Age <u>21</u> <sup>Years</sup>	<u>10</u> <sup>Months</sup>	<u>14</u> <sup>Days</sup>
Sex <u>male</u>		Color or Race <u>white-</u>		Birth-place <u>Baltimore</u>	
Occupation <u>Stenographer</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>-</u>			
Father's Name <u>Andrew J Schad</u>		Father's Birthplace <u>D.C.</u>			
Mother's Maiden Name <u>Sallie W Schad</u>		Mother's Birthplace <u>Ballo-</u>			
Name of person giving Information <u>Wm H Feddeman M.D.</u>		How related to deceased <u>Worthless</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Phthisis Pulv. + Laryngeal</u>	How long	<u>9 mos</u>
Immediate	<u>General collapse</u>	How long	<u>a few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm H Feddeman</u>	
		Address <u>Cor Chestnut - + 1<sup>st</sup> - Cross</u>	
Accident or Suicide?		<u>Ballo -</u>	

Mr Frank R Rich  
Lowson

Name  
in  
Full

Andrew Edward Schatz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonsville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>City</sup>		MARYLAND	
Date of death 190 <i>3</i> <sup>Month</sup>	<i>Dec</i>	<i>28</i> <sup>Day</sup>	Age <i>2</i> <sup>Years</sup>	<i>4</i> <sup>Months</sup>	<i>1</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Catonsville</i>			
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Christian Edward Schatz</i>			Father's Birthplace <i>Catonsville</i>		
Mother's Maiden Name <i>Anna Rose Shumpf</i>			Mother's Birthplace		
Name of person giving information <i>Le. Edward Schatz</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngeal Diphtheria</i>	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles L. Maufeldt M.D.</i>
	Address <i>Catonsville Md.</i>
Accident or Suicide?	



Name  
in  
Full

Flora Scholle

## CERTIFICATE OF DEATH

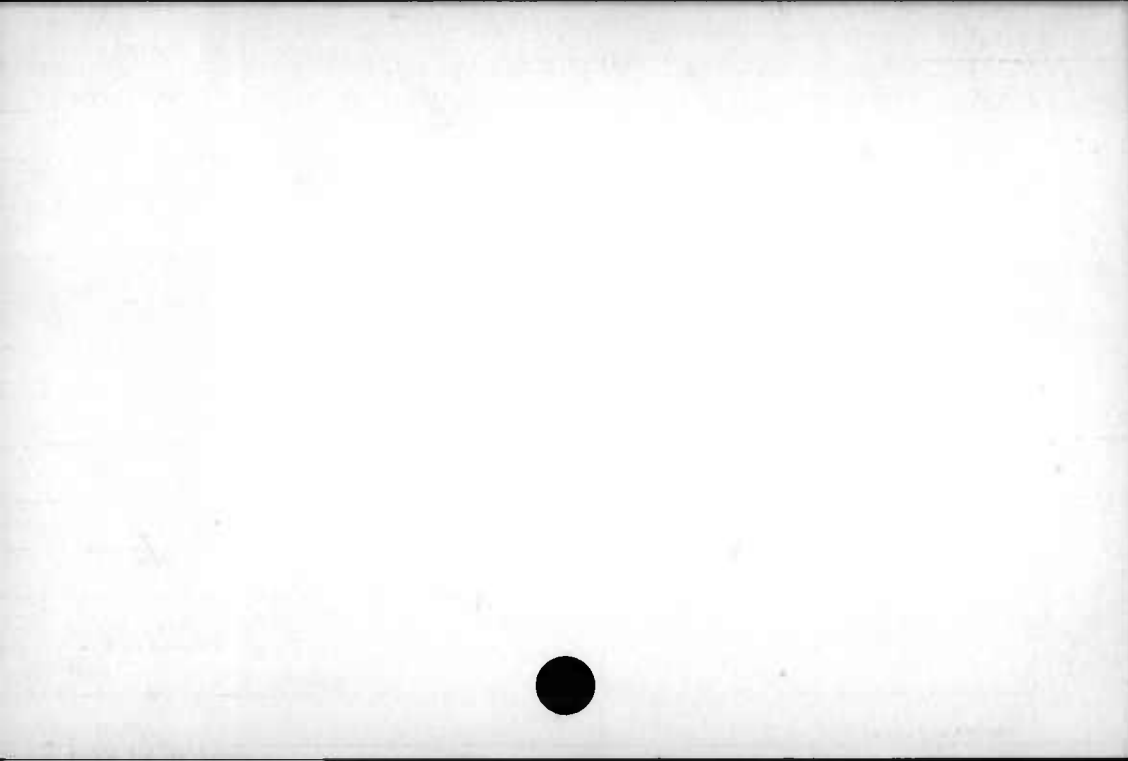
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Towson		County Balto.		MARYLAND	
Date of death 190	3	Month Dec	Day 15	Age 18	Years	Months 6	Days 1
Sex	female		Color or Race	W		Birth- place	Balto
Married, Single or Widowed	Single			Occupation	None		
Name of Wife or Husband							
Father's Name	Alfred Scholle				Father's Birthplace	Germany	
Mother's Maiden Name	Esther Levi				Mother's Birthplace	Germany	
Name of person giving In formation	Wm R Duntou, Jr				How related to deceased	None	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Delirious Mania		How long	2 wks	
Immediate	Exhaustion		How long		
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	Wm R Duntou, Jr
			Address	Towson, Md.	
Accident or Suicide?					





Name  
in  
Full

Henry Schultzy

## CERTIFICATE OF DEATH

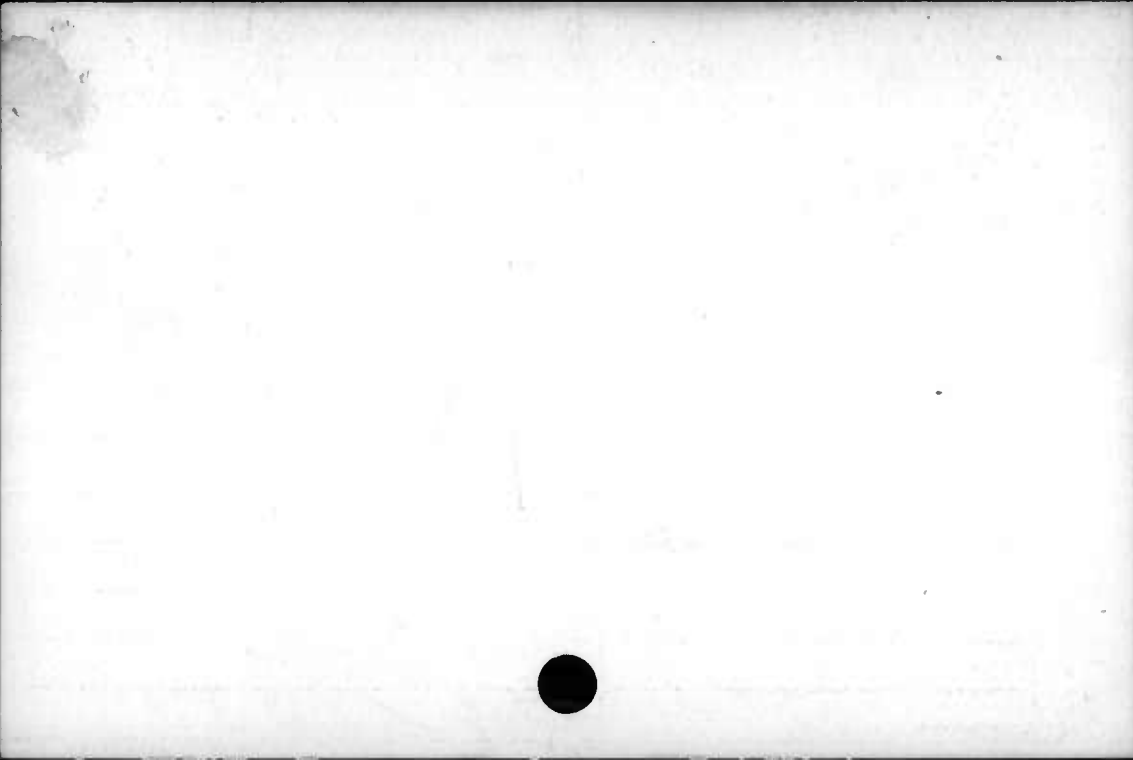
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pikesville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>1</i>	Age <i>66</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Painter</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Chas. D. Ollam</i>				How related to deceased <i>—</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Atrophy of Liver</i>	How long <i>about 1 yr</i>
Immediate <i>Valvular disease heart</i>	How long <i>few weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. O. Hyn</i>
	Address <i>Pikesville Md</i>
Accident or Suicide?	



Margaretta Schurman

Town

County

Died at Sweet Air Baltimore

MARYLAND

Date 1903 Dec. 17 Month Day Y. M. D. Age 76-4-19 Native of Germany Occupation Store

~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widowed~~ Number of children living None

Husband of  
 Wife

Louis Schurman

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Paralysis

Death

Immediate

How long sick

12 days

~~Accident, Suicide, Homicide~~

Reported by

Thos. H. Emory M.D.

Address

Hess

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Mountbain</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>12</i>	Day <i>16</i>	Age <i>27</i>	Years <i>10</i>	Months <i>22</i>	Days <i>22</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Rockdale, Md.</i>
Married, Single or Widowed	<i>Single</i>			Occupation	<i>Mail Carrier</i>		
Name of Wife or Husband							
<i>James A. Shepherd</i>				Father's Birthplace			
<i>Mary Theresa Nolan</i>				Mother's Birthplace			
<i>James A. Shepherd</i>				How related to deceased			
<i>Brother</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Consumption</i>		How long	<i>Two Years</i>
Immediate	<i>Collapse</i>		How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>R. F. Dwyer</i>
			Address	<i>Mountbain, Md.</i>
				<i>R. F. Dwyer</i>
Accident or Suicide?				

Jayas Cemetery Dec 18

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

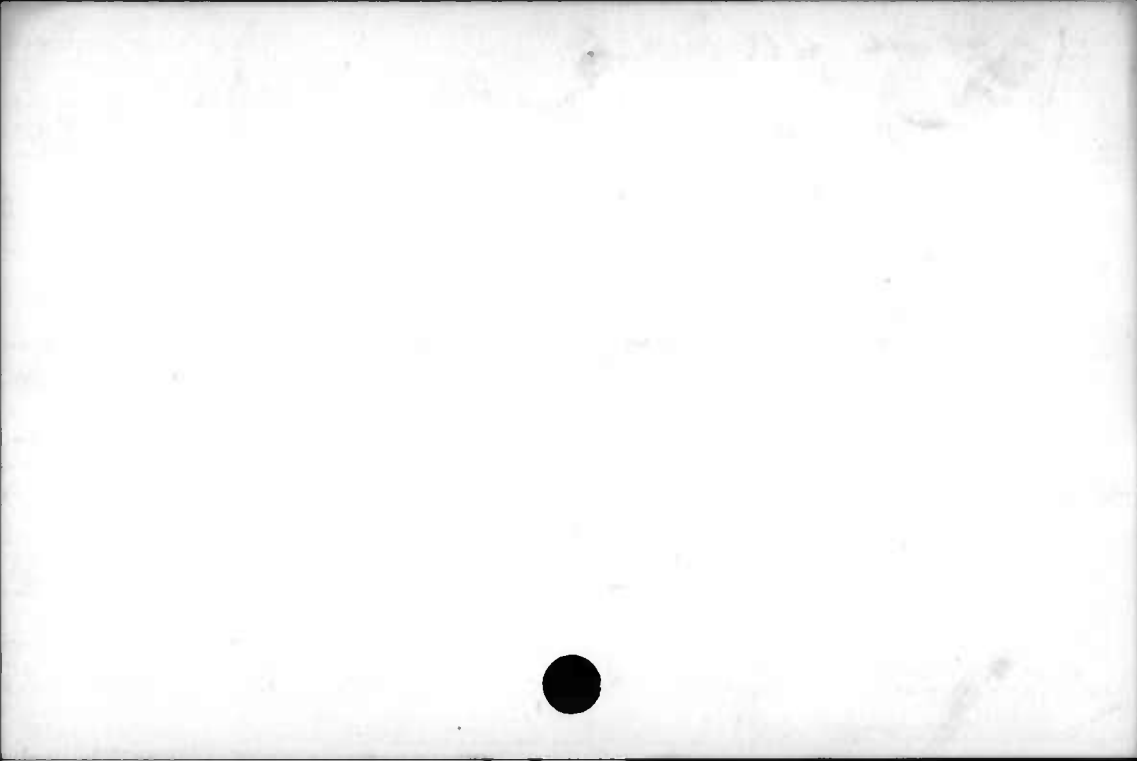
MARYLAND

Died at *Wt Hope Retreat* <sup>Town</sup> *Baltimore* <sup>County</sup>Date of death *1903* <sup>Month</sup> *Dec* <sup>Day</sup> *24th* <sup>Years</sup> *Age* <sup>Months</sup> <sup>Days</sup>Sex *Male* Color or Race *White* Birth-placeOccupation *Plumber* Where Residing if not at place of death *15 Blayth Baltimore*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *64* Father's BirthplaceMother's Maiden Name *64* Mother's BirthplaceName of person giving Information *Rec'ds Wt Hope Retreat* How related to deceased

## CAUSES OF DEATH

Primary *Mania Acute - Cerebral Congest* How longImmediate *Cardiac Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Frank Flannery*Address *Wt Hope Retreat - Baltimore Co Md -*

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

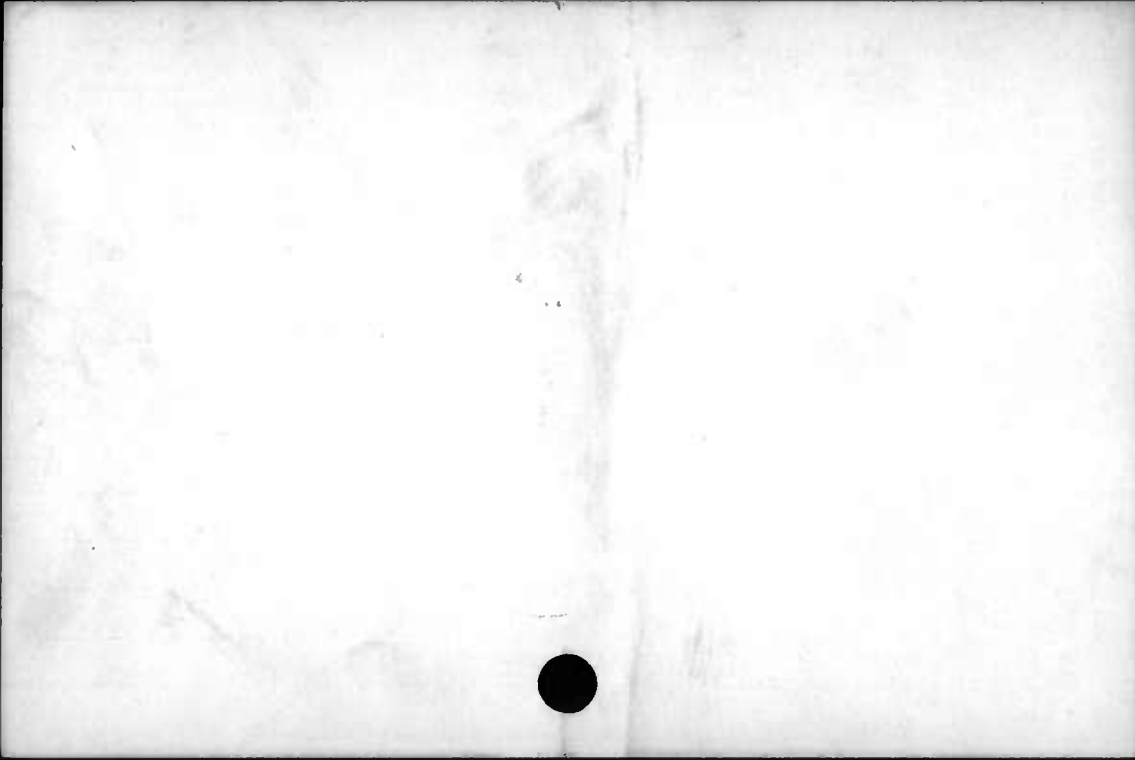
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>W. E. Skipper</i>		Town <i>McCarroll</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>12</i>		Day <i>6</i>	
Age <i>1</i>		Years <i>5</i>		Months <i>23</i>		Days <i>23</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>McCarroll</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>Wm. R. Skipper</i>				Father's Birthplace <i>Bald Co.</i>			
Mother's Maiden Name <i>Edith. Wagon</i>				Mother's Birthplace <i>Butler Ind.</i>			
Name of person giving information <i>Wm. R. Skipper</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheria</i>		How long <i>10 days</i>	
Immediate <i>Heart Failure</i>		How long <i>Sudden</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. R. Mitchell</i>	
		Address <i>Stearns Ind.</i>	
Accident or Suicide? <i></i>			



Name  
in  
Full

Frank H. Smith

## CERTIFICATE OF DEATH

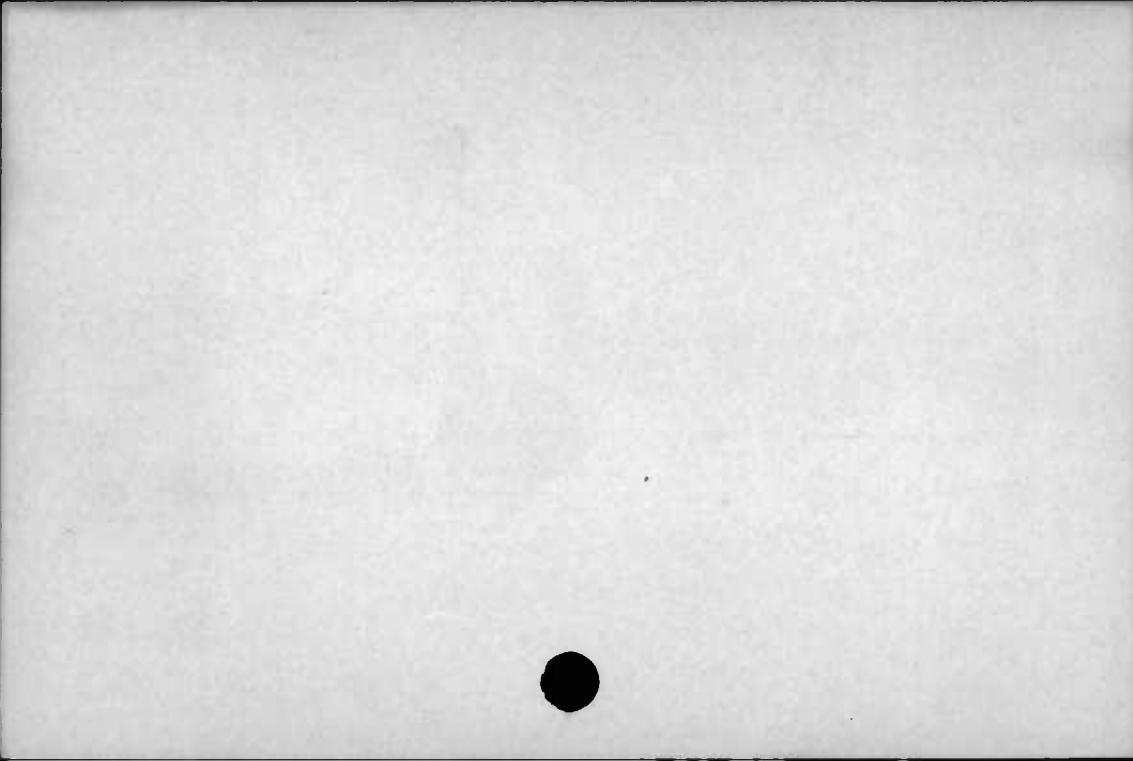
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Arlington		Baltimore					
Date of death	1903	Month	12	Day	31	Age	Years
2		8					
Sex	male		Color or Race	white		Birth-place	Arlington Md.
Occupation	none		Where Residing if not at place of death				
Married, Single or <del>Widow</del>		Name of Wife or Husband					
Father's Name		Frank Smith				Father's Birthplace	
Mother's Maiden Name		Clara Schroeder				Mother's Birthplace	
Name of person giving information		Frank				How related to deceased	
		Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Humping cough	How long	2 weeks
Immediate	Congestion of Lungs	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Edwin E. Jones	
		Address	
		Arlington Md.	
Accident or Suicide?			



Name  
in  
Full

Charles H. Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Clair Ave</i>		Town <i>Balto Co</i>		County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>23</i>	Age <i>70</i>	Years	Months <i>10</i>	Days <i>23</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto Md</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Printer</i>					
Name of Wife or Husband <i>Lawrence J. Chester</i>							
Father's Name <i>Wm Stewart</i>		<i>45</i>		Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Jane Rebecca Stewart</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs B. Stewart</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Prostate</i>	How long <i>Two years</i>
Immediate <i>Emaciation</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edw DeLoach M.D.</i>
	Address <i>2250 E Hoffman St.</i>
Accident or Suicide?	

~~Dr. Pierre~~

~~Towson Md~~

Dr Schofield

Highlandtown

1st Ave

Name

in  
Full

## CERTIFICATE OF DEATH

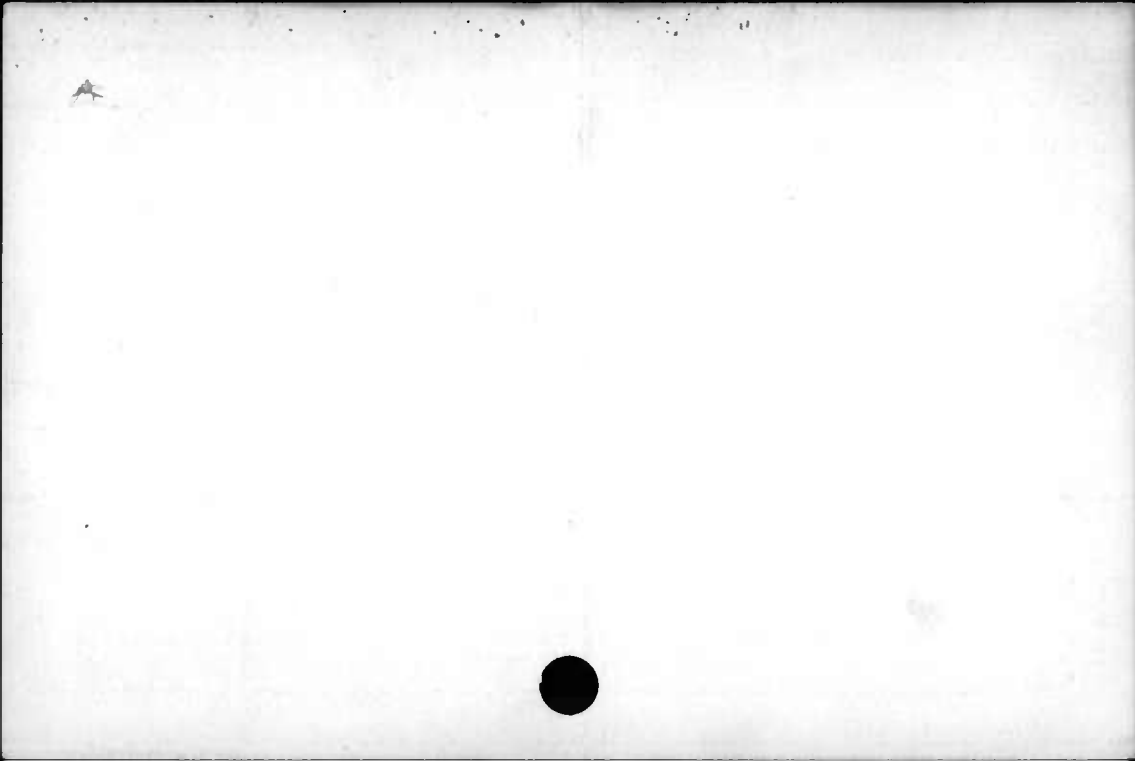
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wear Parkton</i> <sup>Town</sup> <i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>11</i>	Age <i>78</i> Years Months <i>7</i> Days <i>5</i>
Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>md</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>carpenter</i>		
Name of Wife or Husband <i>Sarah</i>			
Father's Name <i>John Stiffler</i>	Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Elizabeth Rogers</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>P. A. Stiffles</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis Chronic</i>	How long <i>4 yrs</i>
Immediate <i>Heart failure</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. R. Morris</i>
	Address <i>Parkton Md</i>
Accident or Suicide? <i></i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

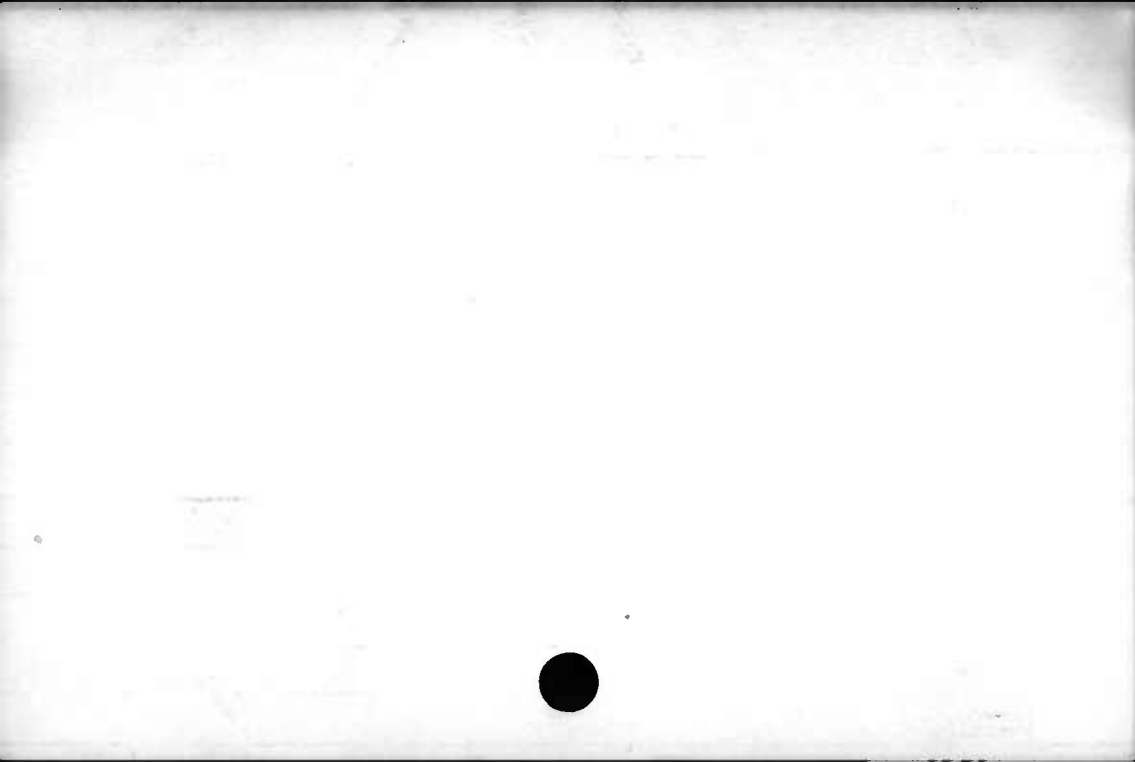
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary F. Sushler</i>		Town <i>Spinnies Point</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Spinnies Point</i>		Date of death 190 <i>3</i>		Month <i>Dec.</i>		Day <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>3</i>		Months <i>3</i>	
Married, Single or Widowed		Occupation		Birth-place <i>Spinnies Point</i>		Days	
Name of Wife or Husband							
Father's Name <i>James R. Sushler 85</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Mary E. Sushler</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>James R. Sushler</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hammorrhage of Puerperal</i>	How long	<i>21 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>21 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. C. Eldred M.D.</i>	
		Address <i>Spinnies Point</i>	
Accident or Suicide?			



Name  
in  
Full

Phillip Sullivan

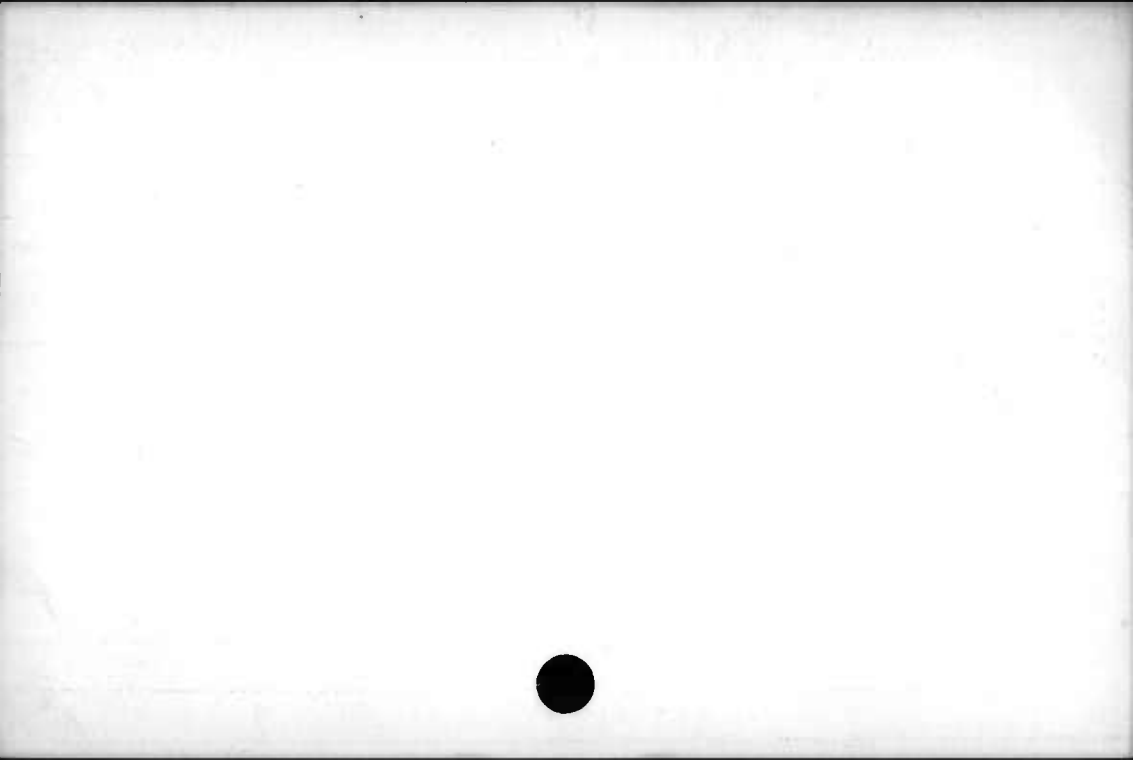
80  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Baldwin</i>		County <i>Balto.</i>		MARYLAND	
Date of death	<i>1903</i>	Month <i>Dec.</i>	Day <i>23</i>	Age <i>82</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth- place	<i>Ireland</i>
Occupation	<i>Farmer</i>			Where Residing if not at place of death			
<del>Married</del> Single	<i>Widower</i>			Name of Wife or Husband			
Father's Name	_____				Father's Birthplace	_____	
Mother's Maiden Name	_____				Mother's Birthplace	_____	
Name of person giving Information	<i>William Nagel</i>				How related to deceased	_____	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>		How long	<i>two weeks</i>
Immediate	_____		How long	_____
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	Signature of Physician	
			Address	
			<i>John S. Green M.D.</i>	
			<i>Gittings</i>	
			<i>Md</i>	
Accident or Suicide?		_____		



Name in Full		Charles Syfer,				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Urbalport,		Baltimore Co.		MARYLAND	
		Date of death 1903		Month		Days	
		3		dec.		6	
		Age		Years		Months	
		51		X		3.	
Sex		Mr.		Color or Race		Wh.	
Married, Single or Widowed		Widower		Occupation		Shoemaker (Glosscutting)	
Name of Wife or Husband							
Father's Name		Charles Syfer				Father's Birthplace	
Mother's Maiden Name		Does not know				Mother's Birthplace	
Name of person giving information		Paul Newbirk				How related to deceased	
						Son in law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Diabetes (Phthisis Pulmon. complicating)				4 yrs.	
		Immediate				How long	
		Aspiration				2 ds.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. M. Brannin M. D.,	
				Address		402 Hancock St.	
Accident or Suicide?							

Please send at once permit  
to bury at Mt Olivet Cemetery.  
Wednesday, Dec. 9/905.

William Cook undertaker  
507 E. 7th Ave

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Henry Trogesser</i>		Town <i>St. Agnes</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>St. Agnes Sanitarium</i>		Month <i>12</i>		Day <i>11</i>		Years <i>31</i>	
Date of death <i>1903</i>		Month <i>12</i>		Day <i>11</i>		Years <i>31</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Tailor</i>		Where Residing if not at place of death <i>Germany</i>					
Married, Single or Widowed <input checked="" type="checkbox"/> Single		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Brown</i>
	Address <i>1938 Sinden Ave Baltimore</i>
Accident or Suicide?	





Name  
in  
Full

Andrew Troeger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>London</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	<i>Decem.</i> <sup>Month</sup>	<i>2</i> <sup>Day</sup>	Age <i>43</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup>	<sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Tanner</i>		
Name of Wife or <del>Husband</del> <i>Elizabeth M. Troeger</i>					
Father's Name <i>John Troeger</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Charles J. Troeger</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastric carcinoma</i>	How long <i>five months</i>
Immediate <i>Assthenia</i>	How long <i>about four weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Fredk. A. Conradi</i>
<i>Yes</i>	Address <i>212 S. Ann St</i>
Accident or Suicide?	

1. ~~St~~ Evangelical Cemetery  
H. Lander Larr.

Name  
in  
Full

Susanna Benzke

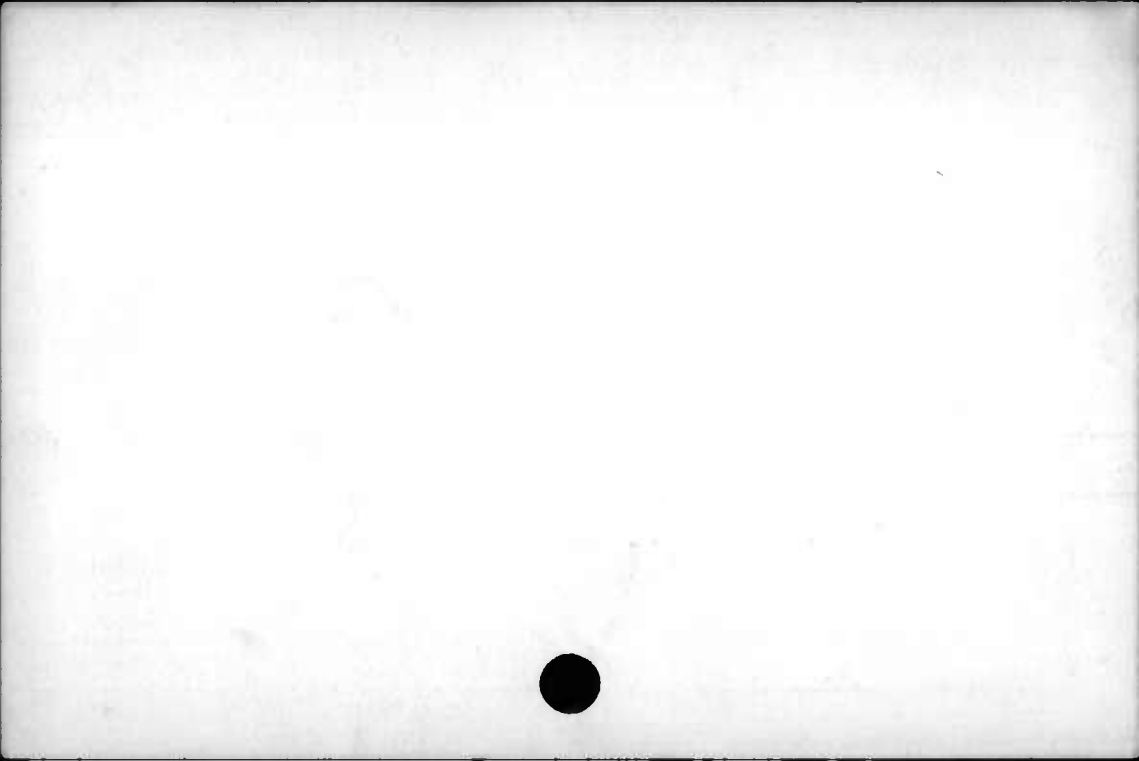
79  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bradshaw		County Baltimore		MARYLAND	
Date of death	1903	Month Dec	Day 9	Age 44	Years	Months 7	Days
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation	Housewife			Where Residing if not at place of death			
Married, <del>Single</del> <del>Widowed</del>	Name of <del>Wife</del> Husband			Charles Benzke			
Father's Name	Daniel Bawbell				Father's Birthplace	Germany	
Mother's Maiden Name	Hannah Myers				Mother's Birthplace	Germany	
Name of person giving Information	Charles Benzke				How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Peritonitis and		How long
Immediate	Bowel adhesions.		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Myers M.D. Baltimore
		Address	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Calonsville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND
	Date of death 190 <u>3</u>	<u>Dec</u> <small>Month</small>	<u>6</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u></u> <small>Months</small> <u></u> <small>Days</small>
	Sex <u>Female</u>	Color or Race <u>white</u>	Birth- place <u>Md.</u>		
	Married, Single or Widowed <u>Single</u>	Occupation <u>None</u>			
	Name of Wife or Husband <u>X</u>				
	Father's Name <u>X</u>				Father's Birthplace <u>X</u>
	Mother's Maiden Name <u>X</u>				Mother's Birthplace <u>X</u>
Name of person giving In formation <u>X</u>				How related to deceased <u>X</u>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Terminal Dementia</u>			How long <u>7 yrs.</u>	
	Immediate <u>Valvular Dis of Heart</u>			How long <u>10 minutes.</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>			Signature of Physician <u>Wm. Wade.</u>	
				Address <u>Calonsville</u>	
	Accident or Suicide? <u>No</u>				



Name in Full		Theodor Vorndiecke				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Canton		Baltimore			
		Town		County		MARYLAND			
		Date of death 1903	Month	Day	Age	Years	Months	Days	
		Dec.		3rd		56		11 27	
		Sex	Male		Color or Race	White		Birth-place	Germany
		Married, Single or Widowed	Married		Occupation	Teamster			
		Name of Wife or Husband	Bernadina Vorndiecke						
		Father's Name	Theodor D Vorndiecker 50				Father's Birthplace	Germany	
Mother's Maiden Name	Theresia Sliigeman 50				Mother's Birthplace	Germany			
Name of person giving information	Bernadina Vorndiecke				How related to deceased	Wife			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Diabetes				Five mos			
		Immediate				How long			
		Convulsions				One wk			
		Are the name, age, sex, color, date and place correctly given above?				Yes			
		Signature of Physician				E. G. Kunk Gu. D			
		Address				2000 G. J. Ave. St.			
		Accident or Suicide?							

Sacred Heart Cemetery

Dec. 6 <sup>th</sup> 1903

Germanus France

Undertaken



Name  
in  
Full

John Walter.

## CERTIFICATE OF DEATH

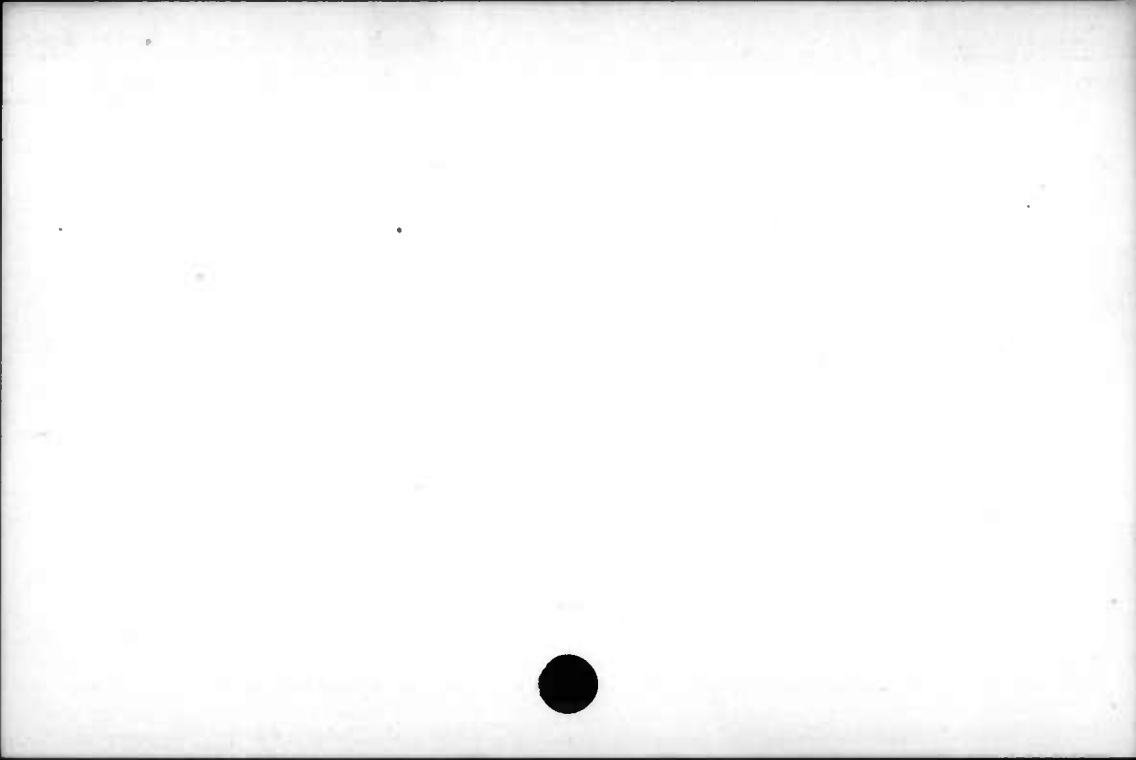
TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>on</sup> <i>Silver Spring ave</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>Dec.</i>	Day <i>27<sup>th</sup></i>	Age Years	Months	Days
Sex <i>Male</i>		Color of Race <i>White</i>		Birth- place	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving in formation			How related to deceased		

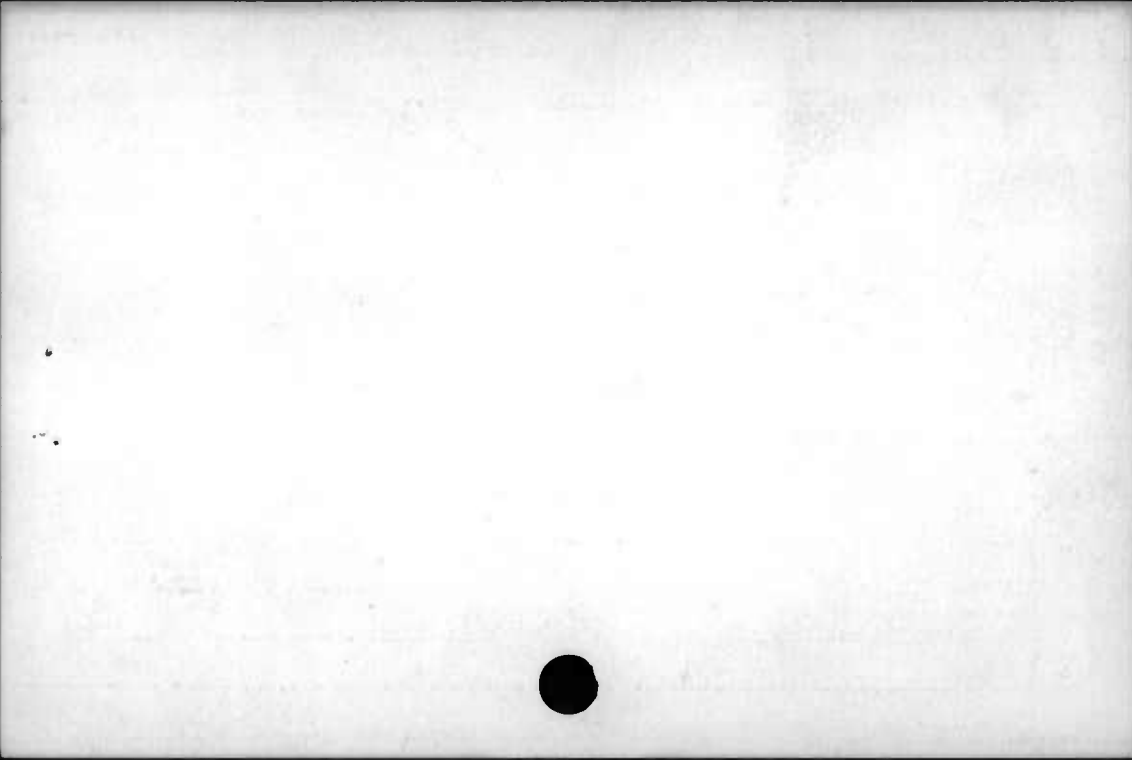
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Infirmities due to</i>	How long
Immediate	<i>old age</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. J. Harrison</i>
		Address <i>Lock Haven</i>
Accident or Suicide?		



Name in Full		Augusta Lynn Watkins				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death 1908		Month		Day		Years	
10		Dec.		18		Age 56	
Sex		Color or Race		Birth-place			
Female		White		Phila. Pa.			
Married, Single or Widowed		Occupation					
Married		Gentlewoman					
Name of <del>Wife</del> Husband		Frank D. Watkins					
Father's Name		John P. Lyons 93					
Mother's Maiden Name		Augusta M. Day					
Name of person giving information		Frank D. Watkins					
		Father's Birthplace		Leaunberg, Ger.			
		Mother's Birthplace		Hartford, Conn.			
		How related to deceased		Husband			
CAUSES OF DEATH							
Primary		Pneumonia - Lobar				How long	
						Ten days	
Immediate		Toxemia - pulmonary edema				How long	
						Progressive during illness	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
So far as I am aware		Rich Henry Thomas, M.D.		1718 John St.			
Accident or Suicide?				Baltimore, Md.			



Name  
in  
Full

Charlie Watkins Jr

## CERTIFICATE OF DEATH

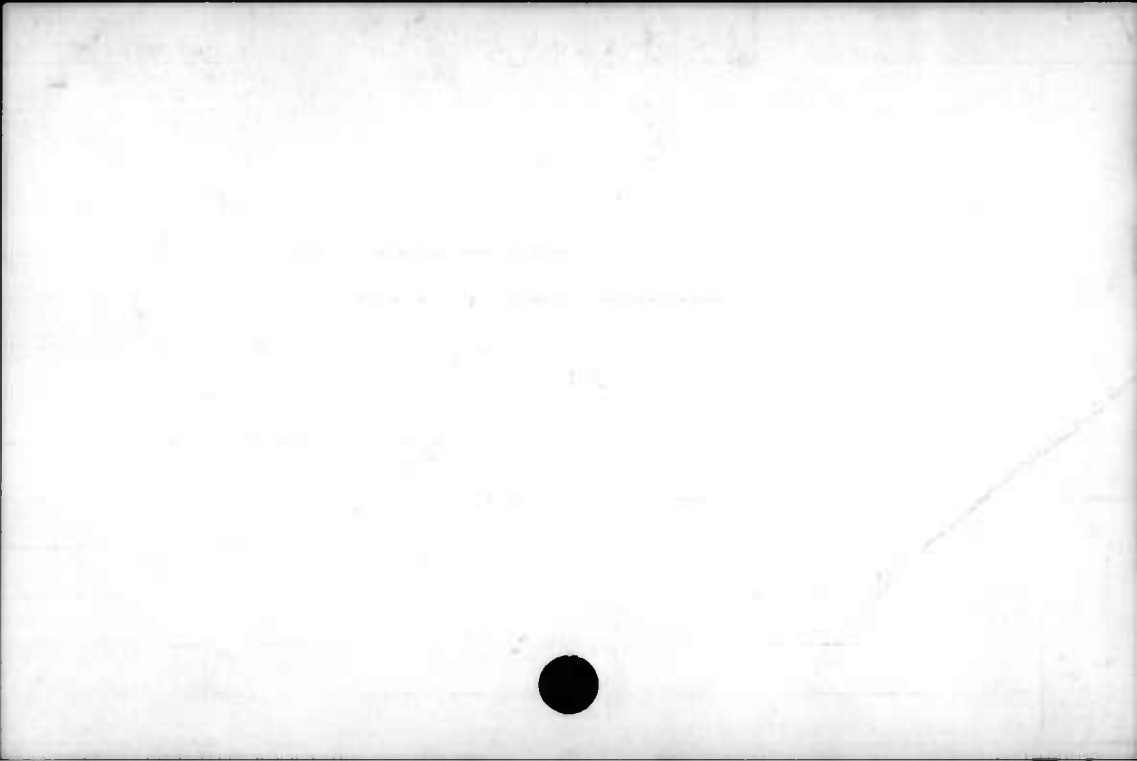
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Catonsville		<sup>County</sup> Baltimore		MARYLAND	
Date of death	1903	Month	Dec	Day	7
Age		22		Months	—
Sex	Male	Color or Race	colored	Birth-place	Catonsville
Occupation	Coachman		Where Residing if not at place of death Catonsville		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Jemison		
Father's Name	Charlie Watkins		Father's Birthplace	Howard Co	
Mother's Maiden Name	Almara Watkins Lowry		Mother's Birthplace	" "	
Name of person giving Information	Almonda Watkins		How related to deceased	Sister	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Infancy lites	30.	How long	about 6 mos
Immediate	Asthma		How long	5 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Marshall B West
			Address	Catonsville
<del>Accident or Suicide?</del>				



Name in Full

Certificate of Death

Mrs Fannie A. Watts

Died at <sup>Town</sup> The Conrad Sanitarium, <sup>County</sup> Baltimore Co — MARYLANDDate <sup>Month</sup> 1903 <sup>Day</sup> Dec. 20 <sup>Y.</sup> 1903 <sup>M.</sup> <sup>D.</sup> Age 62 yrs <sup>Native of</sup> Pa <sup>Occupation</sup> Seamstress~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

Husband  
of

Richard Watts (dead)

Wife

Father's

Name

Frederick Cauffman

Mother's

Name

Anne F. Clegg

Cause of

Primary

Cerebral hemorrhage

How long sick

10 days

Death

Immediate

Failure of Respiration

~~Accident, Suicide, Homicide~~

Reported by

Lewis H. Humberly M.D.

Address

The Conrad Sanitarium Baltimore Co - Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>17<sup>th</sup> &amp; Eastern Ave</u>		Town <u>Balto</u>		County	
Date of death 1903		Month <u>Dec</u>	Day <u>31</u>	Years <u>69</u>	Months <u>1</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Germany</u>	
<del>Married, Single</del> or Widowed		Occupation <u>Housework</u>			
Name of Wife or Husband		<u>Henry Weiss</u>			
Father's Name		<u>Zincker</u>		Father's Birthplace <u>Germany</u>	
Mother's Maiden Name		<u>Not Known</u>		Mother's Birthplace <u>Germany</u>	
Name of person giving information		<u>Lehas. Weiss</u>		How related to deceased <u>Son</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Intestinal Strangulated Hernia</u>	How long	<u>2 weeks</u>
Immediate	<u>Peritonitis</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. Caruthers</u>	
Yes		Address <u>2229 E. Baet. St</u>	
Accident or Suicide?			

Mount Carmel  
H. Sander & Son.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full

Caroline Wienecke

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Highland town</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>18</i>	Age <sup>Years</sup> <i>70</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housework</i>			
Name of Wife or Husband					
Father's Name <i>George Hark</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>I don't know</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>August H. Metzger</i>		How related to deceased <i>Son in law</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Haemorrhage</i>	How long <i>2 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Fred Lanthier</i>
	Address <i>2224 E. Bait St.</i>
Accident or Suicide?	

Baltimore Cemetery  
H. Sanders Sons

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Regina C. Winkler</i>		Town <i>Hughlandtown</i>		County <i>1360</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<i>1903 12 26</i>		<i>43</i>		<i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>1213 Bodor</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Henry Miller</i>		Father's Birthplace <i>Ger.</i>					
Mother's Maiden Name <i>Elizabeth Feldbush</i>		Mother's Birthplace <i>Ger.</i>					
Name of person giving information <i>Elizabeth Miller</i>		How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer</i>	How long <i>6 mo.</i>
Immediate <i>Schubert</i>	How long <i>.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Schofield</i>
	Address <i>[Redacted]</i>
Accident or Suicide? <i>—</i>	





Jackson Wilson

Town

County

Died at

Jacksonville

Baltimore

MARYLAND

Date 1903

Month Day  
Dec. 27

Age

Y. M. D.  
82-6-17

Native of

Ind.

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5-

Husband

of

Amanda Young Wilson (deceased)

~~Wife~~

Father's

Name

James Wilson

Maiden Name

Mary McClellan

Cause of

Primary

Heart disease

How long sick

2 months

Death

Immediate

Oedema of lungs

~~Accident, Suicide, Homicide~~

Reported by

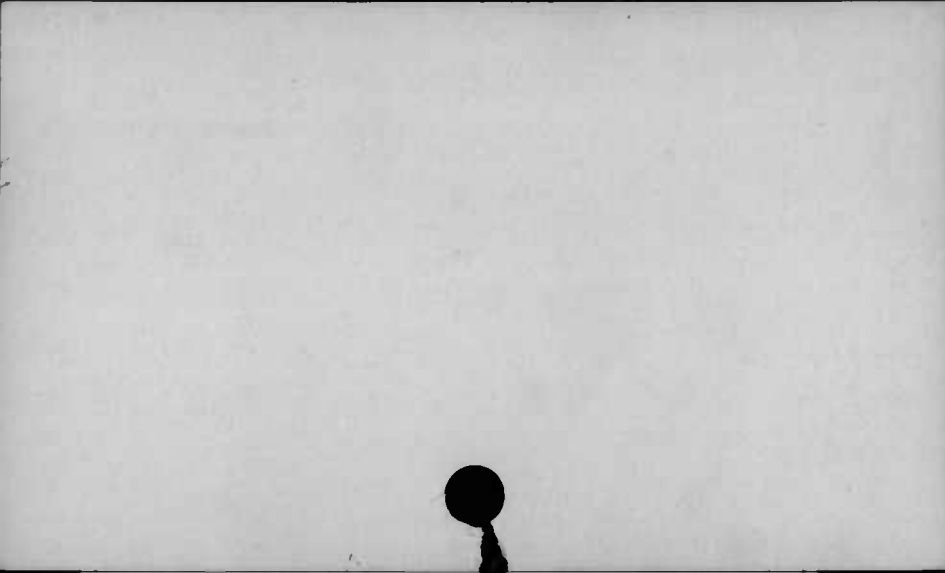
Thos. H. Emory, M.D.

Address

Heas

Ind.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name

is Full

## CERTIFICATE OF DEATH

Harry W. Hinks,

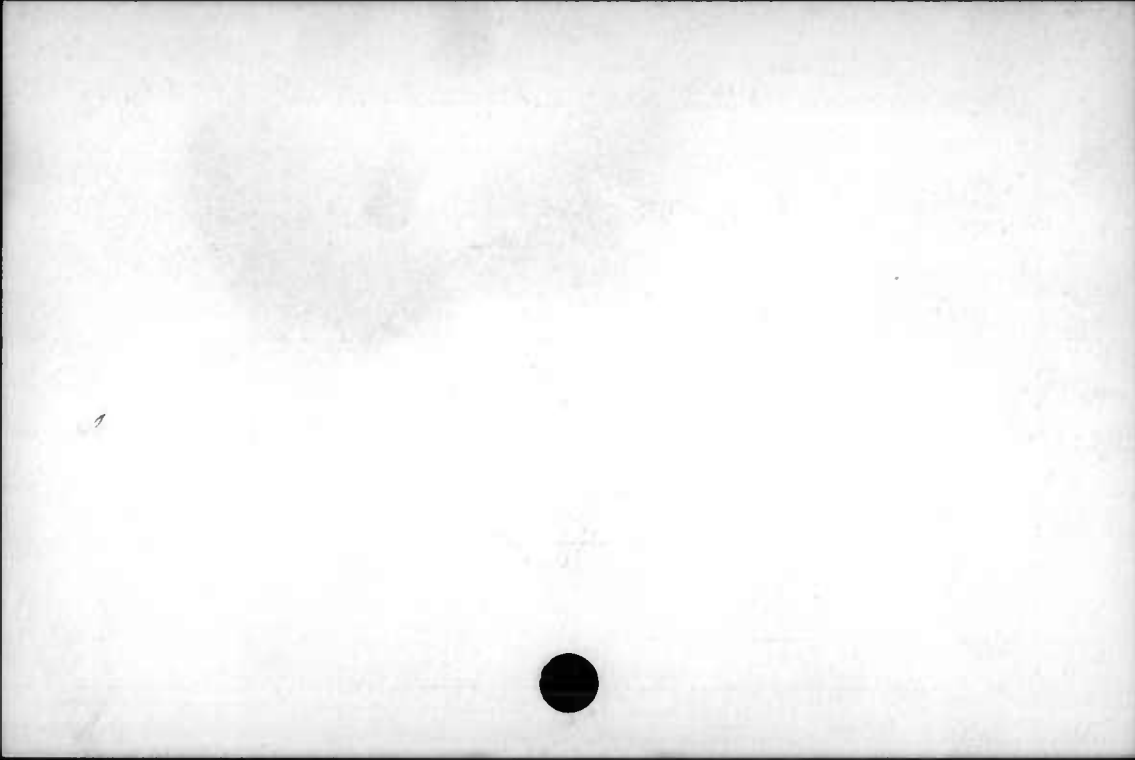
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Carmy P.O.</i>		Town <i>Carmy</i>		County <i>Balts.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec.</i>	Day <i>10</i>	Age- <i>23</i>	Years <i>23</i>	Months <i>9</i>	Days <i>24</i>	
Sex <i>White Male</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>Companion.</i>				
Name of Wife or Husband _____							
Father's Name <i>(Capt) John W. Hinks</i>				Father's Birthplace _____			
Mother's Maiden Name <i>Elizabeth</i>				Mother's Birthplace _____			
Name of person giving information _____				How related to deceased _____			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid-Pneumonia</i>	How long <i>About 5 weeks</i>
Immediate <i>Failure of Vital Forces</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ringard Ediliteford,</i>
<i>yes</i>	Address <i>Parkville, Md.</i>
Accident or Suicide?—	



Name in Full		Myra B. Woodruff				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Spanow Point	County Baltimore	MARYLAND	
		Date of death 1903	Month December	Day 14	Years 60	Months 8	Days 5
		Sex Female	Color or Race White		Birth- place New York		
		Married, Single or Widowed Married		Occupation None			
		Name of Wife or Husband Jerome J. Woodruff					
		Father's Name Horace R. Wheat			Father's Birthplace New York		
		Mother's Maiden Name Saloma Blanchard			Mother's Birthplace New York		
		Name of person giving Information Jerome J. Woodruff			How related to deceased Husband		
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Endocarditis			How long ?		
		Immediate Ephaution			How long Immediate		
		Are the name, age, sex, color, date and place correctly given above? yes			Signature of Physician W. R. Hodger M. D.		
					Address Spanow Point, Md.		
		Accident or Suicide?					

Stewart Mowen  
215 Park ave

Internment at  
Homer Cortland Co.  
N. Y.

Name  
in  
Full

Thomas Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Posedale		County Baltimore		MARYLAND	
Date of death	1903	Month Dec	Day 25	Age	Years 45	Months -	Days -
Sex	Male		Color or Race	Coloured		Birth- place	Md
Occupation	Laborer			Where Residing if not at place of death		Posedale Md	
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	27					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	Thomas Bennett					How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	6 months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		E. V. Mason		
Address		Potosville		
Accident or Suicide?		-		
		Md		





Name  
in  
Full

CERTIFICATE OF DEATH

*Louisa Zepp.*

Died at *Alberton*

*Balta.*

MARYLAND

Date of death *1903 Dec.*

Day *24<sup>th</sup>* Age *70*

Months

Days

Sex *Female*

Color or Race

*White*

Birth-place

*md*

Occupation

*Housework*

Where Residing if not at place of death

Married, Single or Widowed

*Widow*

Name or Wife or Husband

*John Zepp. deceased*

Father's Name

*Ezekiel Pickett*

Father's Birthplace

*md*

Mother's Maiden Name

*Charlotte Stockdale*

Mother's Birthplace

*md*

Name of person giving information

*Mary C. Hennicks*

How related to deceased

*Sister*

CAUSES OF DEATH

Primary

*Dropsy & Dysentery*

How long

*some time*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes.*

Signature of Physician

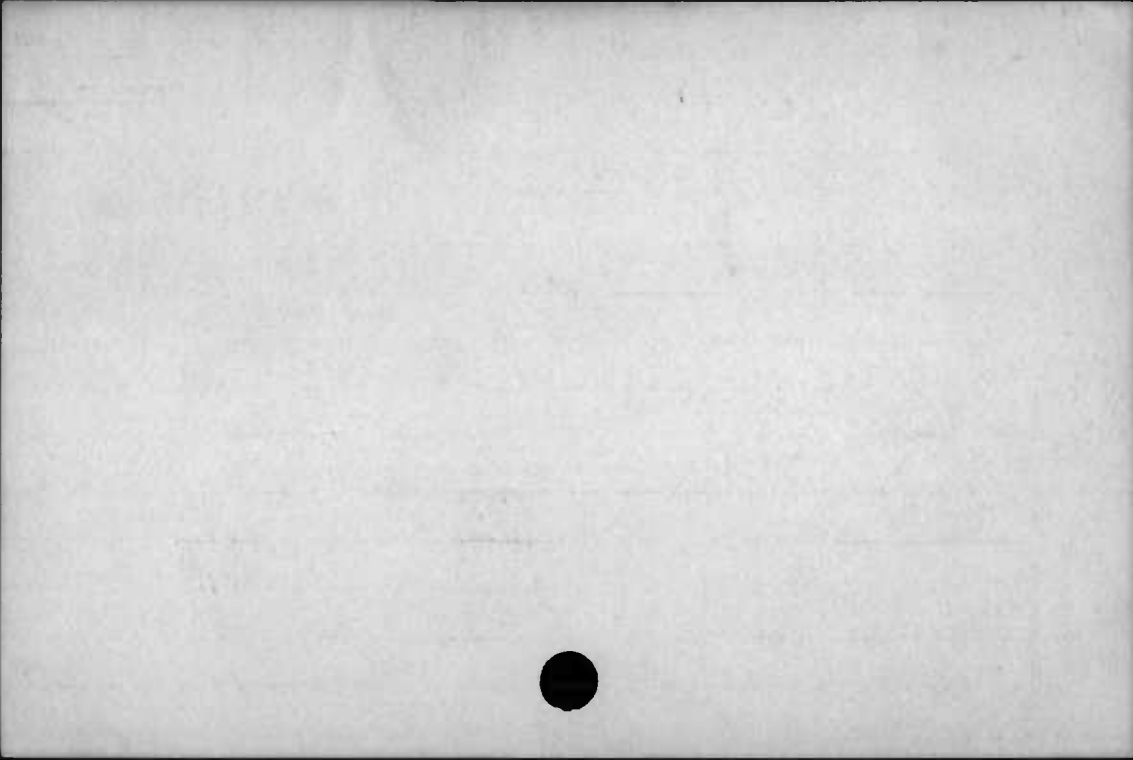
Address

*Stephen Hellingger & Son  
Ellicott City, Md.  
Undertakers.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Elle Guik  
 Town County

Died at

Leckysville

Balt.

MARYLAND

Date 1903

Month

Dec

Day

2

Y.

M.

D.

8-14

Native of

MD

Occupation

infant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

George Guik

Mother's

Maiden Name

Mary Francis Clark

Cause of

Primary

Tuberculosis

How long sick

Two weeks

Death

Immediate

Tubercular Meningitis

Accident, Suicide, Homicide

Reported by

Dr B. B. Bausch

Address

Leckysville

Balt. Co MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Shawwood Cemetery

Name  
in  
Full

Colored man name not known

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Ellicott City</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>3</i>	<sup>Month</sup> <i>Dec.</i>	<sup>Day</sup> <i>13th</i>	<sup>Years</sup>	<sup>Months</sup>	<sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>not known</i>		
Married, Single or Widowed <i>not known</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>not known</i>					
Father's Name <i>not known</i>			Father's Birthplace <i>✓</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>✓</i>		
Name of person giving In formation			How related to deceased <i>✓</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Killed accidental by Electric wire</i>	How long
Immediate <i>Instantly</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>James Clements</i>	Address <i>Acting Coroner</i>
Accident or Suicide? <i>✓</i>	

